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COUNTY BOROUGH OF HASTINGS.

PUBLIC HEALTH DEPARTMENT INCLUDING SCHOOL MEDICAL SERVICE.

ANNUAL REPORT FOR 1926.

G. R. BRUCE, O.B.E., M.A., M.D., D.P.H.,
Medical Officer of Health
and
School Medical Officer.

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PREFACE.

Health Department,
44, Wellington Square,
Hastings,
March, 1927.

TO HIS WORSHIP THE MAYOR, AND TO THE ALDERMEN AND
COUNCILLORS OF THE COUNTY BOROUGH OF HASTINGS

MR. MAYOR, LADIES AND GENTLEMEN,

I have the honour to submit herewith the Annual Report of the Health Department for 1926. The report, by instruction of the Ministry of Health, is an Ordinary Report, as compared with the full Survey Report for 1925, dealing with a period of five years. The following summary draws attention to some of the more salient features for 1926, but for fuller details the body of the report must be consulted.

Vital Statistics.

The Registrar-General estimates the mid-year population in 1926 to be, for statistical purposes, 61,340. The crude death-rate, 15·06, corrected for age and sex distribution to 10·8 per 1,000 of the population, is slightly above that for 1925. The birth-rate, 12·6 per 1,000, continues to fall slowly. The infantile mortality, 64· per 1,000 births, is below the provisional figure of 73 for the large towns.

I have drawn attention (see pp. 10-12) to the marked increase in the death rate from cancer during the past few years.

Infectious Diseases.

The incidence of notifiable infectious diseases, and notably of diphtheria and enteric fever, was generally low in 1926. Scarlet fever is now a very mild disease and caused no deaths in 1926. The incidence and death rate of influenza and influenzal pneumonia were slight. Of the non-notifiable infectious diseases, measles and whooping-cough, which, at epidemic

periods, now assume a much greater importance than scarlet fever, were prevalent and responsible for much serious illness. The Borough Sanatorium, while pursuing its usual policy of treating the ordinary notifiable diseases, admitted, among other non-notifiable infectious diseases, a considerable number of severe measles cases, especially those complicated by pneumonia or coming from unhygienic or overcrowded homes.

Maternity and Child Welfare.

The co-operation between the Maternity and Child Welfare Department of the Corporation and the Voluntary Society, responsible for the Centres, remains close and cordial.

All the existing activities, the five Infant Welfare Centres, the two Ante-natal Clinics, the Dental Scheme for expectant and nursing mothers, the Home Helps, the Distribution of Milk, the Subsidising of Fern Bank Maternity Home, etc., have been fully maintained and indeed increased their sphere of usefulness in 1926, as the full details in the body of the report show.

Towards the end of 1926 an additional centre was opened in Hollington to meet the needs of the mothers and children of that rapidly growing suburb. In March, 1927, Tackleway Centre in the Old Town closed down, its place being taken by the Central Clinic in Beach Terrace, which, in addition to catering for the Old Town, will provide facilities for a large number of mothers in the centre of Hastings, who have hitherto had no Centre within a reasonable distance of their homes.

Tuberculosis.

Both the incidence, as shown by the number of notified cases, and the death-rate showed a slight but satisfactory reduction as compared with the past two years.

The general scheme, including (a) the Tuberculosis Clinic at the Royal East Sussex Hospital, (b) Home Visiting, (c) the provision of beds for pulmonary cases at Darvell Hall Sanatorium, for non-pulmonary cases at the Royal East Sussex Hospital, and for advanced cases at the Hastings Infirmary, and (d) co-operation with the Tuberculosis Care Committee, continues to work smoothly. Most satisfactory of all is the fact that we have no waiting list for admission to institutions.

The School Medical Service.

The work, full details of which are submitted in the report, continued on the approved lines. Considerable attention was paid in 1926 to the provision of the mid-day meals provided in the schools for such children as were unable to go home, also to the provision of milk in the mornings for an increasing number of debilitated and pre-tuberculous children.

Orthopædic Clinic. Sun-Ray Treatment.

Throughout the year, in conjunction with East Sussex County and Bexhill Councils, negotiations have continued with the Royal East Sussex Hospital for the purpose of starting an Orthopædic Clinic for cases of crippling, with facilities for Sun-ray treatment for suitable cases. As a result it is hoped that this treatment will be available early in 1927 for the following classes of cases :—

- (a) cases of tuberculosis under the Health Committee.
- (b) school children under the Education Committee.
- (c) children under school age under the Maternity and Child Welfare Committee.

The Royal East Sussex Hospital Committee is anxious to develop this side of its work and is proceeding to build a new orthopædic clinic, with special facilities for remedial exercises, massage, electrical treatment and a trained orthopædic sister in charge.

It is sincerely hoped that this scheme, now in the making, will be materially helpful both in the treatment and also, much more important, in the prevention of crippling diseases among our children.

Venereal Diseases.

The Special Clinic continues to do excellent work under model conditions. The report shows, taking an average of the past few years, that new cases of syphilis tend slightly to fall in numbers, of gonorrhœa slightly to increase. I am informed that the publicity plaques, set up in the public lavatories of the town, have been instrumental in bringing several new cases to the Clinic.

Environmental Sanitation.

The manifold details of the work done by the Sanitary Inspectors will be found in the section devoted to General Sanitary Administration.

During the year considerable activity was shown in the matter of Housing, including the completion of 48 flats at Hardwicke Road for the re-housing of tenants from the clearance scheme in the Old Town, also 50 steel houses in the Broomgrove estate, and the commencement of a scheme for 50 houses at Fairlight. When this latter scheme has been completed, the Corporation will have built nearly 500 houses since the war, a not-inconsiderable contribution to the local housing shortage. At the same time this will not by any means entirely solve the problem either of overcrowding or of unhygienic houses, nor, unfortunately, of the unsatisfactory tenant.

The Health Department has therefore still much work to do in getting repairs carried out by owners, and just as important, keeping a watchful eye over dirty and careless families ; also in occasionally recommending closing orders in the worst houses.

I deal with the water question, one of the most important before the Corporation, in the body of the report.

The new refuse destructor, completed in 1926, to be further improved in 1927, deals with the whole of the town refuse.

The Meat Regulations of 1926 continue to function satisfactorily as regards meat inspection in our numerous private slaughter-houses ; the results as regards the shops have not been so apparent.

The new Milk and Dairies Order of 1926 has been instrumental in improving the hygiene of the milk trade of the town and is referred to in detail in the body of the report. During the year bacteriological examinations of milk for dirt and tuberculosis have been started.

As heretofore I thank the Council, the Chairmen and Members of Committees specially connected with the Health Department for their help and encouragement, and I acknowledge gratefully the loyalty and good work of every member of my staff.

I remain, Mr. Mayor, Ladies and Gentlemen,

Your obedient Servant,

G. R. BRUCE.

CHAIRMEN OF COMMITTEES RESPONSIBLE FOR HEALTH SERVICES.

Public Health Committee—COUNCILLOR SHOESMITH.

Sub Sanatorium, etc., Committee—COUNCILLOR SHOESMITH.

Maternity and Child Welfare Committee—COUNCILLOR MISS ANNIE LILE, J.P.

Mental Deficiency Committee—COUNCILLOR MRS. BADCOCK.

—COUNCILLOR MISS ANNIE LILE, J.P., until
November, 1926.

Education Committee—ALDERMAN MITCHELL, M.A., J.P.

Children's Care Sub-Committee—COUNCILLOR DOBELL.

Housing and Improvements Committee—ALDERMAN COX.

SUMMARY OF GENERAL AND VITAL STATISTICS, 1926.

Area of Borough	...	...	...	...	4,496 acres.
Population (a) Census, 1921, as enumerated	...	...	...	...	66,495
(b) " " as estimated by Registrar	...	...	...	...
General	...	...	...	...	59,500
(c) 1926, for purposes of Vital Statistics	...	...	...	...	61,340
Number of inhabited houses, Census, 1921	...	...	...	...	12,082
Number of families or separate occupiers, Census, 1921	...	...	...	...	14,986
Rateable Value	...	...	...	...	£548,394
Sum represented by a penny rate	...	...	...	...	£2,208
Births, 1926—Male.	Female.	...	...	Total	770
Legitimate	366	350	...	...	716
Illegitimate	27	27	...	...	54
Birth Rate, 1926, per 1,000 of population	...	...	...	...	12.6
Deaths, 1926	...	...	...	...	924
Death Rate, 1926, per 1,000 of population	{ (a) crude				15.06
	{ (b) corrected				10.8
Number of women dying in, or in consequence of child birth	...	...	...	...
(a) from sepsis	...	...	...	...	Nil
(b) from other causes	...	...	...	...	1
Death rates of infants under one year of age per 1,000 births	...	...	...	...
(a) legitimate	...	...	...	...	59
(b) illegitimate	...	...	...	...	130
(c) total	...	...	...	...	64
Deaths from Measles (all ages)	...	...	...	...	8
" " Whooping Cough (all ages)	...	...	...	...	5
" " Diarrhoea (under 2 years of age)	...	...	...	...	6

VITAL STATISTICS.

(1) POPULATION.

For the purpose of vital statistics the Registrar General estimates the mid-year population of 1926 at 61,340, an increase of 870 as compared with 1925.

It will be observed that, although in 1925 deaths exceeded births by 96, the population is estimated to have increased by 976.

(2) BIRTHS.

The net births registered in Hastings for 1926 were 770, made up as follows :—

	Registered in Borough.	Transferred elsewhere.	Transferred Hastings.	Total.
Males ...	400	17	10	393
Females	387	19	9	377
Total	787	36	19	770

Of the births 54, males 27, and females 27, were illegitimate, a percentage of 7·01.

The birth rate is 12·6 per 1,000 of population, as compared with 13·0 per 1,000 in 1925, being the lowest rate recorded. For purposes of comparison the table on p. 33 should be studied, from which it will be seen that the birth-rate has fallen by one third since 1900, the actual difference in babies born being 461.

(3) DEATHS.

The total net deaths registered in Hastings in 1926 were 924, of whom 416 were males, 508 females.

Not included were 123 deaths transferred to other districts ; included were 52 deaths of Hastings residents occurring elsewhere.

Deaths in Public Institutions were 365, 80 being transferred elsewhere.

There were 52 Coroner's inquests.

The crude death-rate per 1,000 of the population is 15·06. The factor for correction, on account of the peculiar sex and age constitution of the population, has been given as ·718, that

previously in use being 784. The corrected death-rate for 1926 is 10.8 per 1,000 of the population.

(4) AGE AT DEATH.

Of the 924 deaths, 49 occurred in infants under one year of age, this giving an infantile mortality of 64 per 1,000 births.

From 1—5 years there were 25 deaths; from 5—20 years 24 deaths; from 20—45 years 67 deaths; from 45—65 years 212 deaths; and over 65 years 547 deaths, or 59.2 per cent. of the total deaths.

(5) MAIN CAUSES OF DEATH.

As in previous years, the main causes of death are found among diseases of the circulatory system, cancer and diseases of the respiratory system. The mortality from tuberculosis, and the common infectious diseases and the infantile mortality will be dealt with in the appropriate sections.

(a) Diseases of the Heart and Circulation.

The three main groups, as shown in the subjoined table were responsible for 289 deaths, 31.3 per cent of the total death rate, and 4.7 per 1,000 of the total population.

Deaths from	Total.	Under 45 years.	45-65 years.	Over 65 years.
Heart Disease	157	6	34	117
Cerebral Hemorrhage	96	1	23	72
Arterio-sclerosis	36	1	4	31
Totals	289	8	61	220

(b) Cancer.

The following table shows the comparative mortality since 1910

1910 - 1919 = yearly average 109 deaths due to cancer.

1920	121	..	..	..
1921	127	..	..	..
1922	116	..	..	..
1923	119	..	..	..
1924	133	..	..	..
• 1925	128	..	..	..
1926	153	..	..	..

For 1926 deaths from cancer have increased rather steeply from 128 to 153, a rate of 2·5 per 1,000 of the total population and very nearly one in every six deaths. The proportion of cancer deaths for the whole country is approximately one in ten, the local discrepancy being explained by the unusually large number of elderly people and especially women living in a health resort. At the same time the subject is of such vital importance that I have analysed the deaths according to sex and region of body affected. Of the total of 153 deaths, 5 occurred in persons under 45 years of age, 49 in persons between 45—65 years, and 100 in persons over 65 years.

DEATHS FROM CANCER IN 1926 ACCORDING TO SEX AND PART AFFECTED.

Part affected.	No. of Deaths.		
	Male.	Female.	Total.
Tongue, Lips, Mouth, Throat, or Larynx	9	1	10
Gullet	4	—	4
Stomach	7	7	14
Bowel or Abdomen	14	30	44
Breast	—	23	23
Womb or Ovaries	—	16	16
External Genitals	1	4	5
Organs of Body, <i>e.g.</i> , liver, kidney, bladder, etc. ...	15	11	26
Bones	2	1	3
Miscellaneous	4	4	8
TOTAL	56	97	153
PERCENTAGE OF TOTAL ...	36·6 per cent.	63·4 per cent.	

The above table shows a preponderance of female deaths over male, much larger than that experienced by the country as a whole, probably for the reason given before, also the importance of cancer of the mouth, tongue, lips and gullet in the male, cancer of the breast and womb in women, and cancer of the stomach, bowel or abdomen in both sexes.

I desire again to emphasise the importance of a knowledge of the early symptoms of cancer in the parts of the body most frequently affected in either sex, so that recourse can be had to

a medical man at the earliest opportunity for advice as to operative or other treatment. Further the connection between the onset of cancer and chronic irritation is again to be emphasised and is indeed borne out by the above table.

The public have had the subject of cancer well ventilated in the press during the past few years. Pamphlets dealing with the subject in a plain and sensible way are available for distribution at the infant welfare and school clinics and by the health visitors.

(c) Respiratory Diseases including Influenza.

Influenza of a severe and fatal type was less prevalent than in the past few years, the number of deaths being 11. Pneumonia, bronchitis and other respiratory diseases caused 113 deaths as compared with 117 in 1925.

V.S. Table No. 1.

VITAL STATISTICS—WARDS—1926.

Ward.	Estimated Ward Population.	Births.			Birth Rate per 1,000.	Deaths	Death Rate per 1,000 crude.	Deaths under 1 year	Infantile Mortality.
		M.	F.	Total.					
All Saints ...	5,148	39	31	70	13.6	86	16.7	4	57
St. Clements ...	5,665	67	84	151	26.7	73	12.9	8	53
St. Mary's Lower ...	6,322	28	16	44	7.0	86	13.6	3	68
St. Mary's Upper ...	6,335	35	39	74	11.7	106	16.7	10	135
St. Helen's ...	4,988	55	55	110	22.1	81	16.2	8	73
Holy Trinity ...	6,423	23	24	47	7.3	92	14.3	3	64
St. Mary Magdalen	6,684	19	25	44	6.6	94	14.1	4	91
St. Peter's ...	6,137	33	20	53	8.6	109	17.8	4	64
St. Leonard ...	7,659	40	35	75	9.8	116	15.1	2	27
Silverhill and Hollington	5,979	61	58	119	19.9	81	13.5	4	34
Total ...	61,340	400	387	787	12.8	924	15.1	50	64
Transfers out...	...	17	19	36				1	
Transfers in ...	...	10	9	19				..	
Total Net	61,340	393	377	770	12.6	924	15.1	49	64

WARD DISTRIBUTION.

CAUSES OF DEATH.		Net Deaths at the subjoined ages of Residents, whether occurring within or without the District.														Total Deaths whether of 'Residents' or 'Non-Residents' in Institutions in the District.	WARD DISTRIBUTION.								
		All ages.	0 to 14 year.	15 to 24 yrs.	25 to 34 yrs.	35 to 44 yrs.	45 to 64 yrs.	65 & upds.	10-15 yrs.	15-20 yrs.	20-35 yrs.	35-45 yrs.	45-65 yrs.	65 & upds.	All Saints.		St. Clement.	St. Mary's Lower.	St. Mary's Upper.	St. Helens.	Holy Trinity.	St. Mary's St. Helen's.	St. Peter's.	St. Leonard.	Silver Hill & Hollingdon.
All Causes	{ Certified Uncertified	924	49	10	1	11	3	5	3	16	30	37	212	547	365	85	75	86	105	81	92	94	109	116	81
Enteric Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Small Pox	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Measles	...	8	1	...	...	...	...	...	1	...	...	1	...	...	5	1	2	1	3	1	...	...	...	...	...
Scarlet Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Whooping Cough	...	5	2	1	1	...	...	...	...	...	...	...	...	...	1	...	1	2	...	...	...	...	...	...	...
Diphtheria	...	...	1	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...
Influenza	...	13	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...
Encephalitis Lethargica	...	1	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...
Meningococcal Meningitis	...	2	...	...	...	...	...	1	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...
Tuberculosis of respiratory system	...	58	...	...	...	...	...	...	...	5	14	12	22	5	37	7	5	5	7	4	9	6	8	5	...
Other tuberculous diseases	...	14	5	2	...	...	...	2	...	...	...	1	3	...	13	3	4	3	1	...	...	1	...	...	...
Cancer, Malignant Disease	...	153	...	...	...	...	...	...	...	...	2	3	48	100	56	23	13	9	13	9	13	22	21	...	...
Rheumatic Fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Diabetes	...	9	...	...	...	...	...	1	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...
Cerebral Haemorrhage, etc.	...	96	...	...	...	...	...	...	...	...	...	1	...	...	4	2	8	8	7	11	8	7	13	15	...
Heart Disease	...	157	...	...	...	...	...	...	...	1	1	3	34	117	42	12	16	18	17	18	20	17	13	15	...
Arterio-sclerosis	...	36	...	...	...	...	...	...	...	...	...	1	4	31	8	3	2	3	2	2	3	5	3	10	...
Bronchitis	...	33	4	...	...	...	...	...	...	...	...	1	4	24	7	1	5	2	5	4	3	...	4	5	...
Pneumonia (all forms)	...	70	7	5	...	2	...	...	...	2	2	3	13	36	27	6	5	5	9	8	8	5	7	10	...
Other respiratory diseases...	...	10	3	...	...	...	...	...	...	...	1	...	...	...	2	...	2	2	3	...	...	1	1	2	...
Ulcer of stomach or duodenum	...	9	...	...	...	...	...	...	...	...	...	...	...	...	9	...	1	2	...	...	...	...	...	...	...
Diarrhoea, etc. (under 2 years)	...	6	6	...	...	...	...	...	...	...	...	...	...	...	2	...	1	1	...	...	...	...	...	...	...
Appendicitis and Typhlitis	...	8	...	...	...	...	...	...	...	...	...	...	...	...	8	1	2	1	2	...	...	...	...	...	...
Cirrhosis of liver	...	10	...	...	...	...	...	...	...	...	...	...	...	...	1	...	4	2	1	1	1	...	2	2	...
Acute and Chronic Nephritis	...	30	...	...	...	...	...	...	...	...	...	...	...	...	10	1	1	4	1	1	1	4	6	6	...
Puerperal Sepsis	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...
Other accidents and diseases of pregnancy and parturition	...	1	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...
Congenital Debility and Malformation. Premature Birth	...	14	14	...	...	...	...	...	...	...	...	...	...	...	6	2	2	1	1	1	1	2	1	...	...
Suicide	...	8	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Other deaths from violence	...	11	2	...	...	...	...	1	...	2	...	...	...	...	8	1	3	...	...	...	...	...	2	2	...
Other defined diseases	...	161	3	1	...	...	...	...	...	...	...	...	...	...	83	12	8	14	24	16	18	17	21	18	...
Causes ill-defined or unknown	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Totals	...	924	49	10	1	11	3	5	3	16	30	37	212	547	365	85	75	86	105	81	92	94	109	116	81

V.S. Table No. 3.

DEATH RATES—1900-1926—HASTINGS.

	1900- 1904 average	1905- 1909 average	1909- 1914 average	1915	1916	1917	1918	1919	1920	1921	1922	1923	1924	1925	1926
Number of Deaths ...	909	848	820	905	883	848	1011	926	850	852	869	821	930	879	924
Death Rate per 1,000 crude ...	14.0	13.4	13.5	17.3	17.6	17.5	19.4	16.0	14.2	14.3	14.6	13.6	15.4	14.5	15.06
*Death Rate per 1,000 corrected	11.8	11.3	11.3	14.5	14.8	14.7	16.3	13.4	11.9	12.0	12.2	11.3	12.9	10.4	10.8

* Factor for correction 1900-1924—.84
1925—718.

BIRTH RATE, DEATH RATE, AND ANALYSIS OF MORTALITY DURING THE YEAR 1926.

Provisional figures for England and Wales compared with those of Hastings.

	Birth rate per 1,000 Total Population.	Annual Death-Rate per 1,000 Population.								Rate per 1,000 Births.		Percentage of Total Deaths.			
		All Causes.	Enteric Fever.	Small-pox.	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria.	Influenza.	Violence.	Diarrhoea and Enteritis under 2 Years.	Total Deaths under One Year.	Causes of Death certi- fied by Medical Practitioners	Inquest Cases.	Uncertified of Death.
England and Wales	17.8	11.6	0.01	0.00	0.09	0.02	0.10	0.07	0.22	0.47	8.7	70	91.8	7.2	1.0
105 County Boroughs and Great Towns, including London ...	18.2	11.6	0.01	0.00	0.12	0.02	0.10	0.10	0.22	0.43	11.8	73	92.0	7.5	0.5
158 Smaller Towns (1921 Ad- justed Populations, 20 000— 50,000)	17.6	10.6	0.01	0.00	0.07	0.02	0.11	0.06	0.23	0.40	6.6	67	92.6	6.3	1.1
London	17.1	11.6	0.01	0.00	0.20	0.02	0.05	0.12	0.17	0.48	11.8	64	90.6	9.4	0.0
Hastings	12.6	15.06 10.8	0.00	0.00	0.13	0.00	0.08	0.02	0.21	0.18	7.8	64	94.4	5.6	0.0

INFECTIOUS DISEASES.

(1) NOTIFIABLE INFECTIOUS DISEASES.

A complete analysis of the cases notified in 1926 is given in the table on p. 19.

B. Infectious Diseases, 1926.

I.D. Table No. 1.

QUARTERLY INCIDENCE OF SCARLET FEVER, DIPHTHERIA AND
ENTERIC FEVER.

			Scarlet Fever.	Diphtheria	Enteric Fever.	Total.
1st Quarter	...	...	21	3	1	25
2nd Quarter		...	16	1	...	17
3rd Quarter	...	...	22	3	2	27
4th Quarter	...	...	32	3	1	36
Totals	...	...	91	10	4	105

Scarlet Fever.

The incidence (91) was moderate, and, apart from an increased prevalence in the Clive Vale district, the cases were fairly evenly distributed. The type of disease, with no deaths, was mild, so much so that in a few cases the diagnosis was not possible until the stage of peeling was observed. There was one return case, after the initial case had been discharged from Hospital. The Dick Test and artificial immunisation have not been introduced.

Diphtheria.

For a population of over 60,000 an incidence of 10 cases of diphtheria is remarkably low. Further the type of disease was on the whole mild, one death in an infant being recorded. In

view of the low incidence no attempt has been made to introduce the Schick test or toxin-antitoxin treatment.

Enteric Fever.

The incidence, 4 cases, one certainly imported, again remains very slight. All 4 cases were sporadic.

Infectious Diseases of the Nervous System.

Of these there were 4 cases of poliomyelitis anterior acuta, 3 cases of cerebro-spinal fever and 2 cases of encephalitis lethargica. The cases are investigated by the health visitors and beds are available for treatment at the Borough Sanatorium. All the cases appeared to be sporadic. Where the disease is followed by crippling or other physical or mental defect, the Health Department keeps in touch in order to secure adequate treatment and care.

Acute Primary Pneumonia. Influenzal Pneumonia.

The Health Visitors pay a visit in all cases of notified pneumonia, where it is believed that advice as to nursing and general precautions, and, especially in children, the provision of a pneumonia jacket, would be helpful.

Puerperal Pyrexia.

Since compulsory notification in October, 1926, only one case was notified, so that, for the time being, it must be presumed that the incidence of fever during the lying-in period is fortunately very rare in this district.

Small-Pox ; Vaccination.

No case of small-pox was reported in 1926, nor, indeed, has any occurred in Hastings during recent years, in spite of the prevalence of the modern mild form of small-pox among the industrial districts of the Midlands and North.

As compared with 1923 and 1924 the percentage of births vaccinated in the Central District is slightly reduced. It has

not been necessary to carry out primary vaccinations or re-vaccinations under the Public Health (Small-Pox Prevention) Regulations, 1917.

I.D. Table No. 2.

Year.	Births, Central District.	Successful Primary Vaccination.	Conscien- tious Objectors.	Percentage of births vaccinated.
1920	942	292	494	30.9
1921 ...	689	223	391	32.3
1922 ...	772	239	445	30.9
1923 ...	851	392	369	46.1
1924 ...	788	376	327	47.7
1925 ...	688	280	348	40.7
Totals	4,730	1,802	2,374	38.1

Non-Notifiable Infectious Diseases.

Measles and whooping cough were both somewhat prevalent in the spring, and, in fact, with a mortality of 8 and 5 deaths respectively, were much more of a menace to the young than scarlet fever and diphtheria with one death between them. All cases notified through the School Medical and Infant Welfare Services are visited by the Health Visitors, beds being available as required at the Borough Sanatorium. Diarrhœa and enteritis were responsible for 6 deaths in infants under 2 years. Here again the Health Department is fully prepared to assist in every way, *e.g.*, advice by Health Visitors and Sanitary Inspectors, supply of milk, nursing at home by the District Nursing Association, and the provision of beds at the Borough Sanatorium.

TABLE II. (MINISTRY OF HEALTH).
CASES OF INFECTIOUS DISEASES NOTIFIED DURING THE YEAR, 1926.

NOTIFIABLE DISEASES.	NUMBER OF CASES NOTIFIED.													Deaths.*	Total cases removed to Hospital.	WARD DISTRIBUTION.							37																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																		
	At all ages.	At ages—Years.														All Saints.	St. Clements.	St. Mary's Lower.	St. Mary's Upper.	St. Helen's.	Holy Trinity.	St. Mary Magdalen.		St. Peter's.	St. Leonard.	Silverhill and Hollington.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																															
		0	1	2	3	4	5	10	15	20	35	45	65 & upds.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																												
Small Pox

*For Analysis of Deaths See Table No. III. (Ministry of Health), page 14.

I.D. Table No. 4.**DEATHS FROM THE SEVEN CHIEF EPIDEMIC DISEASES.**

	1915	1916	1917	1918	1919	1920	1921	1922	1923	1924	1925	1926
Smallpox	...	...	...	...	...	...	...	...	...	...	...	...
Scarlet Fever	...	...	3	...	1	...	1	...	...	...	2	...
Diphtheria	9	15	...	4	4	14	2	1	1	...	...	1
Enteric Fever	...	...	...	2	...	5	...	1	...	...	1	...
Measles	28	3	10	12	...	6	...	4	4	...	...	8
Whooping Cough	7	6	11	10	4	4	1	...	2	3	1	5
Diarrhoea	...	...	...	...	...	...	...	...	...	...	...	...
(under 2 years)	1	1	3	2	3	9	6	3	3	1	1	6
Total	45	25	27	30	12	38	10	9	10	4	5	20

(2) BOROUGH SANATORIUM FOR INFECTIOUS DISEASES.**(A) Administration.**

The policy of keeping the institution up to date as regards repairs and equipment was fully maintained, as also the use of the hospital for infectious diseases of many varieties as possible in the interests of the patients, the public generally and the nursing staff.

During 1926 the General Nursing Council announced that the Sanatorium could not be accepted as a complete Training School for Fever Nurses. The Corporation has appealed to the Ministry of Health against this decision, and the result of the appeal will shortly be announced.

The number of equipped beds at the Sanatorium is 70, at the Brede Small Pox Hospital, 20.

(B) Cases under Treatment in 1926.**I.D. Table No. 5.**

Disease.	In Hospital Jan. 1st, 1926.	Ad- mitted.	Died.	Dis- charged.	In Hospital Dec. 31st, 1926.
*Scarlet Fever	12	98	...	94	16
*Diphtheria	2	10	1	9	2
Enteric Fever ... ..	...	3	...	3	...
Measles ... ..	...	18	...	18	...
Measles and Pneumonia ... ..	...	17	4	13	...
Measles and Meningitis ... ..	...	1	..	1	...
German Measles ... ..	...	1	...	...	1
Chicken Pox ... ..	...	6	...	4	2
Encephalitis Lethargica ... ..	...	3	1	2	...
Erysipelas ... ..	...	5	1	4	..
Meningitis ... ..	...	2	...	2	...
Whooping Cough ... ..	...	1	...	1	...
Total	14	165	7	151	21

*Including Observation Cases.

AVERAGE STAY IN HOSPITAL.

Scarlet Fever cases 40 days.

Diphtheria ,, 35 ,,

Enteric Fever ,, 46 ,,

Measles and Pneumonia 46 ,,

Cases from surrounding districts, included above :—

Scarlet Fever 13 cases.

COMPLICATIONS.**(a) Scarlet Fever.**

The disease was on the whole mild, there being no deaths and the following complications being noted :—

Nephritis	5
Acute Rheumatism	4
Endocarditis	2
Septic fingers or toes	7
Rhinorrhœa	8
Otorrhœa	8
Glands of neck inflamed (4 incised) ..	15
Impetigo	2
Burn of back	1
Boils	1
Abdominal wound	1

(b) Diphtheria.

The disease was generally fairly mild. The operation of tracheotomy was performed in 2 laryngeal cases. In this district the diagnosis of diphtheria is, as a rule, promptly made by the general practitioner, and the early and adequate administration of anti-toxin at the sanatorium ensured good results, one case of acute nephritis being the only complication.

(c) Enteric Fever.

One of the 4 cases was complicated by acute temporary mania.

(d) Erysipelas.

One case, in the final stage of diabetes, died.

(e) Measles.

The policy of admitting cases of measles to the sanatorium during a period of considerable prevalence in the spring was fully justified. Altogether 36 cases were admitted, many from overcrowded and unhygienic homes, 17 being complicated with pneumonia, of whom 4 died, and one with meningitis. Several of the cases, who ultimately made a good recovery, were practically moribund on admission and would undoubtedly have died in their unsatisfactory home surroundings.

TUBERCULOSIS.

(1) VITAL STATISTICS.**(a) Notifications, 1926.**

The total notifications, both of pulmonary and non-pulmonary forms of tuberculosis, show a reduction, as compared with the past two years. Complete details are found in the Tables 1, 2, 2a, and 3.

T. Table No. 1.**TUBERCULOSIS, 1926—NOTIFICATIONS.**

Age Period.	New Cases.		Deaths.	
	Pulmonary.	Non-Pulmonary.	Pulmonary.	Non-Pulmonary.
0—1 years ...	..	5	...	5
1—5 „ ...	2	6	...	3
5—10 „ ...	6	10	...	2
10—15 „ ...	5	3	...	...
15—20 „ ...	10	2	5	...
20—25 „ ...	10	...	1	...
25—35 „ ...	25	3	13	...
35—45 „ ...	18	2	12	1
45—55 „ ...	13	3	10	1
55—65 „ ...	15	1	12	2
65 upwards ...	3	...	5	...
Totals ...	107	35	58	14
Grand Totals	142		72	

T. Table No. 2.**TUBERCULOSIS, 1926—NOTIFICATIONS FROM
VARIOUS SOURCES.**

Category.	Primary Notifications.		New Cases notified, other sources.	Supplemental Notifications.			
	Form A.	Form B.		Form A.	Form B.	Form C. Poor Law	Sanatoria.
Pulmonary Males	44	1	17	1	...	10	45
„ Females ...	32	..	13	2	...	5	19
Non-Pulmonary Males	15	1	1	2	...	...	...
„ Females	14	4	...	1	...	...	1
Totals ...	105	6	31	6	...	15	65

T. Table No. 2a.

CASES OF TUBERCULOSIS ON THE NOTIFICATION REGISTER
ON THE 31ST DECEMBER, 1926.

TOTAL CASES.	PULMONARY.			NON-PULMONARY.		
	Males.	Females.	Total.	Males.	Females.	Total.
502	224	165	389	54	59	113

T. Table No. 3.

TUBERCULOSIS PRIMARY NOTIFICATIONS, FORM A, SINCE 1914.

	1914	1915	1916	1917	1918	1919	1920	1921	1922	1923	1924	1925	1926
Pulmonary	136	91	99	125	94	88	74	89	71	81	98	94	76
Other Forms	21	10	19	25	16	7	9	9	9	22	26	39	29
Totals	157	101	118	150	110	95	83	98	80	103	124	133	105

Relation of Deaths to Notifications.

Each case not notified to this authority before death is investigated, and, where necessary, the medical man in attendance is asked for an explanation of the circumstances. The somewhat high figure, both of cases not notified before death or notified less than three months before death, is largely due to the fact that advanced cases frequently come down to Hastings, giving up their permanent residence elsewhere, in the vain search for health.

T. Table No. 4.

RELATION OF DEATHS TO NOTIFICATIONS.

	Pulmonary	Other Forms	Total.
Not notified before death	19	5	24
Notified less than 3 months " "	8	6	14
" 3 to 6 " " "	6	1	7
" 6 to 12 " " "	5	1	6
" 1 to 2 years " " "	4	—	4
" over 2 " " "	16	1	17
Total	58	14	72

(b) Death Rate from Tuberculosis.**T. Table No. 5.**

DEATHS FROM TUBERCULOSIS SINCE 1903.

Year.	No. of deaths Pulmonary Tuberculosis.	No. of deaths Other Forms of Tuberculosis.	Total Deaths.	Death Rate All Forms per 1,000.
1903-04 average	95	27	122	1·8
1905-09 „	84	28	112	1·8
1910-14 „	62	23	85	1·4
1915	56	14	70	1·3
1916	69	28	97	1·9
1917	60	18	78	1·5
1918	88	17	105	2·0
1919	92	16	108	1·8
1920	66	23	89	1·5
1921	70	15	85	1·4
1922	58	19	77	1·3
1923	42	6	48	·79
1924	65	13	78	1·3
1925	71	13	84	1·4
1926	58	14	72	1·18

The mortality rate for pulmonary tuberculosis was **·95**, for non pulmonary **·23**, and for all forms **1·18** for 1,000 persons, showing a slight improvement over the rates for 1924 and 1925.

(2) TUBERCULOSIS HEALTH VISITOR, ETC.**(a) Home Visiting.**

Home visits to new cases	...	...	88
„ „ old „	...	...	1,847
Total visits	...	...	1,935

(b) Articles supplied from the Health Department.

Bottles of Disinfectant	...	...	315
Sputum Mugs or Flasks	...	...	23
Thermometers	...	...	5

(3) TUBERCULOSIS DISPENSARY.

The Tuberculosis Dispensary in the Out-Patient Department of the Royal East Sussex Hospital maintained its work on the lines fully described in previous reports.

The excellent and mutually helpful relations with the Consulting Staff of the Hospital, controlling all the special departments, continued to the great advantage of all concerned.

Tuberculin (B.F.) was administered with good results in selected cases of surgical tuberculosis. Advantage has been taken of the "Sun-ray" and Orthopaedic Departments of the Hospital, both of which will be linked up with the Dispensary by an official scheme, starting in 1927. The Dental Clinics of the Hospital were successfully used for 21 cases of tuberculosis requiring dental treatment.

A summary of the year's work is given in Tables 6 to 9. 196 new cases were examined, 68 being contacts. Pulmonary tuberculosis was diagnosed in 8 of the contacts, non-pulmonary in 5. The total attendances for the year were 2,033. The proper role of the tuberculosis dispensary, diagnosis, supervision, consultation and specialised treatment, was fully kept in view.

T. Table No. 6.

RETURN SHOWING THE WORK OF THE TUBERCULOSIS DISPENSARY,
DURING THE YEAR 1926.

DIAGNOSIS.	PULMONARY.				NON-PULMONARY.				TOTAL.			
	Adults		Children.		Adults.		Children.		Adults.		Children.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
A.—NEW CASES examined during the year (excluding contacts):—												
(a) Definitely tuberculous	20	13	5	1	...	4	13	7	20	17	18	8
(b) Doubtfully tuberculous	...	...	...	...	...	...	...	...	2	3	4	2
(c) Non-tuberculous	...	...	...	...	...	...	...	...	13	13	4	3
B.—CONTACTS examined during the year:												
(a) Definitely tuberculous	3	2	...	3	...	1	4	...	3	2	1	7
(b) Doubtfully tuberculous	...	...	...	...	...	...	...	...	2	4	4	...
(c) Non-tuberculous	...	...	...	...	...	...	...	...	6	16	5	18
C.—CASES written off the Dispensary Register as												
(a) Cured	3	...	...	...	...	1	...	1	3	1	...	1
(b) Diagnosis not confirmed or non-tuberculous (including cancellation of cases notified in error)	...	...	...	...	...	...	...	...	20	37	21	24
D.—NUMBER OF PERSONS on Dispensary Register on December 31st:												
(a) Diagnosis completed	219	106	17	14	7	14	30	30	226	120	47	44
(b) Diagnosis not completed...	...	...	...	...	...	...	...	...	1	1	4	...

1.	Number of persons on Dispensary Register on January 1st, 1926	458
2.	Number of patients transferred from other areas and of "lost sight of" cases returned	21
3.	Number of patients transferred to other areas and cases "lost sight of"	79
4.	Died during the year	25
5.	Number of observation cases under A (b) and B (b) above in which period of observation exceeded 2 months	10
6.	Number of attendances at the Dispensary (including Contacts)	2,033
*7.	Number of attendances of non-pulmonary cases at Orthopaedic Out-stations for treatment or supervision	—
*8.	Number of attendances, at General Hospitals or other Institutions approved for the purpose, of patients for "Light" treatment	—
9.	Number of patients to whom Dental Treatment was given, at or in connection with the Dispensary	21
10.	Number of consultations with medical practitioners:—	
	(a) At Homes of Applicants	38
	* (b) Otherwise...	43
11.	Number of other visits by Tuberculosis Officers to Homes	67
12.	Number of visits by Nurses or Health Visitors to Homes for Dispensary purposes	1,935
13.	Number of	
	(a) Specimens of sputum, etc., examined	145
	(b) X-ray examinations made in connection with Dispensary work	16
14.	Number of Insured Persons on Dispensary Register on the 31st December	161
15.	Number of Insured Persons under Domiciliary Treatment on the 31st December...	54
16.	Number of reports received during the year in respect of Insured Persons:—	
	(a) Form G.P. 17	3
	(b) Form G.P. 36	120

*Scheme not yet established.

T. Table No. 7a.

PULMONARY TUBERCULOSIS, 1926.

Tubercle Bacilli not found in sputum	32 cases
Tubercle Bacilli found in sputum:—	
Stage I.	28 „
Stage II.	9 „
Stage III.	Nil.
Total	69

T. Table No. 7b.

NON-PULMONARY TUBERCULOSIS ACCORDING TO PART OF BODY AFFECTED.

Glands of Neck	17 cases.
Skin	2 „
Bones	1 case.
Joints	5 cases.
Abdomen	5 „
Spine	5 „
Total	35 „

T. Table No. 8.

NEW CASES, 1926, IMMEDIATE RECOMMENDATIONS.

1. Dispensary Treatment—				
Ordinary Medical Treatment	..			30
General Supervision	..	...	...	33
Observation	...	...	...	30
2. Domiciliary Treatment under Private				
Practitioners	...	...	...	15
3. Sanatorium or Institutional Treatment				20
4. No Treatment required	..	...	...	57
5. O.P. Hospital or School Clinic	..			11
				—
	Total	...	...	196
				—

T. Table No 9.

ATTENDANCES FOR 1926.

(1) Insured men	...	...	...	639
women	...	...	...	212
(2) Non-insured men	...	...	...	19
women	...	...	...	271
children—				
f boys	...	...	...	374
l girls	...	...	...	341
(3) Ex-military cases	...	..	...	177
				—
Total attendances	...	...	...	2,033
				—
Total Examinations	...	...	...	830
Total certificates for Ministry of				
Pensions cases	...	...	...	245
				—

(4) INSTITUTIONAL TREATMENT, 1926.

The arrangements for institutional treatment continued to work satisfactorily. During the year the East Sussex County Council completed a scheme of enlargement and improvement at Darvell Hall Sanatorium, including two modern ward blocks and an X-Ray Department.

The beds available for our cases are : —

(a) 30 beds at Darvell Hall Sanatorium for cases of pulmonary tuberculosis, by agreement with the East Sussex County Council.

(b) 4 beds at the Royal East Sussex Hospital for cases of surgical tuberculosis.

(c) Occasional beds as required at Fairlight Sanatorium, the Eversfield Chest Hospital, the Margate Sea Bathing Hospital, etc.

(d) Beds at the Hastings Infirmary as required for emergency or advanced cases.

T. Table No. 10.

CASES SENT TO INSTITUTIONS DURING 1926.

To Darvell Hall Sanatorium	...	...	62
Royal East Sussex Hospital	...	...	17
Fairlight Sanatorium	...	...	1
Frederick Road Infirmary	...	...	2
			—
Total	...	...	82
			—

T. Table No. 11.

RESULTS OF INSTITUTIONAL TREATMENT IN CASES DISCHARGED IN 1926

	Quiescent.	Improved.	No Material Improve- ment.	Died in Institution.	Total.
Pulmonary :—					
T.B.— ...	—	3	—	—	3
T.B.+					
Stage 1 ...	—	23	1	1	25
Stage 2 ...	—	17	6	—	23
Stage 3 ...	—	1	3	6	10
Non-Pulmonary :—					
Bones—Joints ...	1	—	—	1	2
Abdominal ...	—	2	1	1	4
Glands, etc. ...	—	1	6	1	8
Total	1	47	17	10	75

(5) THE TUBERCULOSIS CARE COMMITTEE.

This voluntary committee, fully co-operating with the Council's scheme, has continued its excellent work on lines fully set out in previous reports. Emphasis is again laid on the importance of its boarding-out scheme for pre-tuberculous or debilitated children from tuberculous families.

The following is a summary of a typical week's activities, excluding grants of clothing and emergency money gifts.

	£	s.	d.
(a) Monetary allowances	2	10	0
(b) Glaxo		2	6
(c) Fresh milk (119 pints at 3½d. pint)	1	8	8
(d) Eggs, 28		4	8
(e) Butter		7	6
(f) Maintenance of 7 children in the country	3	19	9
	<hr/>		
Total weekly liability ...	£8	13	1
	<hr/> <hr/>		

(6) PUBLIC HEALTH (PREVENTION OF TUBERCULOSIS) REGULATIONS, 1925, & PUBLIC HEALTH ACT, 1925, SECTION 62.

It was not necessary to take action under the above during the year.

MATERNITY & CHILD WELFARE.

(1) VITAL STATISTICS.

(a) Notification of Births Acts.

The number of births reported to the Health Department in 1926 was as under :—

<i>Total Births</i> —Notified by midwives	...	...	457
„ „ doctors	...	...	238
„ „ relatives and others	...	...	126
			<hr/>
Total	...	...	821
			<hr/>

<i>Still Births</i> —Notified by midwives	...	...	8
„ „ doctors	...	...	13
„ „ relatives and others	...	...	5
			<hr/>
Total	...	...	26
			<hr/>

The percentage of still births to notified births for the year was 3·2.

The number of unnotified births was 23, in each case a warning letter being sent to the parent or other person responsible for notification.

(b) Infantile Mortality in 1926.

Net births registered	...	...	...	...	770
Number of deaths of infants under one year	...	...	...	...	49
Infantile Mortality, <i>i.e.</i> , deaths under one year	...	...	...	...
per 1,000 births	...	...	...	...	64
Net illegitimate births registered	...	...	...	...	51
Number of deaths of illegitimate infants under	...	...	...	...
one year	...	...	...	...	7
Infantile Mortality in illegitimate infants	...	...	...	...	130

(c) **Maternal Mortality in 1926.**

Deaths from Puerperal Sepsis	...	...	...	Nil.
Deaths from other accidents and diseases of pregnancy	...	...	...	1

Maternal Mortality 1·3 per 1,000 births.

Table No. 1, p. 33, gives an analysis of the birth-rate, infantile and maternal mortality in Hastings during the past 26 years. Table No. 2, p. 34, analyses the infant deaths during 1926.

The maternal mortality, 1·3 per 1,000 births, is satisfactorily low, the progressive reduction of the past five years being maintained.

The infantile mortality, 64 per 1,000 births, while lower than that of the country as a whole, is higher than that recorded for 1925, namely, 40 per 1,000, due largely to an increase in the number of deaths from (a) bronchitis, pneumonia and whooping cough; (b) enteritis and diarrhoea; (c) tuberculous meningitis.

All these are diseases, against which our special efforts have been directed for several years, in the form of instruction of mothers in the clinics and the home, help and advice in the nursing of the case, and the offer of hospital treatment where necessary. In previous years of prevalence without this help no doubt the mortality was higher.

The mortality from congenital debility, atrophy and prematurity continues low, 13 per 1,000 births, a gratifying fact in view of the increase in ante-natal work and the development of the Maternity Home.

M. and C.W. Table No. 1.

ANALYSIS OF INFANTILE AND MATERNAL MORTALITY FROM 1900—1926.

Year.	Births.		Maternal Mortality.		Infantile Mortality.		Infant Deaths 0-4 weeks.		Deaths from Diarrhoea and Enteritis.		Deaths from Pneumonia & Bronchitis.		Deaths from Congenital Debility, Prematurity and Atrophy.	
	Births.	Birth Rate.	Deaths.	Rate per 1000 Births.	Deaths under 1 year.	Rate per 1000 Births.	Deaths 0-4 weeks.	Rate per 1000 Births.	Deaths 0-2 years.	Rate per 1000 Births.	Deaths 0-1 year.	Rate per 1000 Births.	Deaths 0-1 year.	Rate per 1000 Births.
1900-04	1231	18·67	7	5·7	137	111	not available	24	19·5	24	19·5	23	18·7	
1905-09	1100	17·4	5	4·5	105	95	38	34·5	15	13·6	16	14·5	19	17·3
1910-14	902	14·9	3	3·3	75	83	26	28·8	13	14·4	11	12·2	28	31·0
1915	809	15·5	3	3·7	79	97	35	43·3	1	1·2	17	21·0	36	44·5
1916	785	15·7	2	2·5	47	60	22	28·0	1	1·4	6	7·6	23	29·3
1917	759	15·1	not available		59	78	not available		6	7·9	not available		25	32·9
1918	838	16·1	1	1·2	60	71	29	34·6	2	2·4	8	9·5	30	35·8
1919	784	13·0	4	5·1	56	71	33	42·1	3	3·8	6	7·7	32	40·8
1920	1146	19·1	3	2·6	59	51	28	24·4	9	7·9	6	5·2	31	27·1
1921	850	14·3	6	7·1	44	52	16	18·8	6	7·1	7	8·2	19	22·4
1922	930	15·6	8	8·6	46	49	32	34·4	3	3·2	4	4·3	29	31·2
1923	834	13·9	6	7·2	36	43	20	23·9	2	2·4	3	3·6	19	23·1
1924	778	12·9	4	5·1	54	69	29	37·3	1	1·3	11	14·1	30	38·6
1925	783	13·0	2	2·6	31	40	10	12·8	1	1·3	9	10·2	10	12·8
1926	770	12·6	1	1·3	49	64	18	23·4	6	7·8	12	15·6	10	13·0

(2) INSPECTION OF MIDWIVES AND ADMINISTRATION OF MIDWIVES' ACTS.

Miss Myers, the Inspector of Midwives, reports on this branch of work.

During 1926, 17 midwives notified their intention to practice, 16 certified and 1 bona-fide. The work of all the midwives is reported to be very good. During 1927 there will be a considerable increase in ante-natal work by the midwives, as by the rules of the C.M.B. they are now required to develop this side of their work. For the purpose the midwives have been supplied with official forms by the Health Department to record their notes.

During the year the Inspector of Midwives made 51 routine visits to inspect kits, charts, etc., and two special visits for infectious disease. No irregularity, necessitating report to committee, was found.

The following official notices were received from midwives during 1926 :—

For Medical Help :—

(a) During Pregnancy	...	...	...	13
(b) „ Labour	...	...	...	46
(c) „ Puerperium	...	...	...	9
(d) For the Infant	...	..	...	13
				—
	Total	...		81
				—

Other Official Notifications were :—

1. Still-births	...	...	...	2
2. Puerperal Fever	...	...	...	2
3. Ophthalmia Neonatorum	...	...		3
4. Liability to Infection	...	...		2
5. Artificial Feeding	...	...	...	1

NEW LEGISLATION AND REGULATIONS, 1926.

- (a) Ophthalmia Neonatorum Regulations, 1926.
- (b) Puerperal Pyrexia Regulations, 1926.
- (c) Midwives and Maternity Homes Act, 1926.

A resumé was sent to all midwives and doctors in the town by the Medical Officer of Health, drawing attention to the most important features, while the Inspector of Midwives gave personal explanations where necessary to midwives. As regards certification of Maternity Homes, apart from Fernbank Maternity Home, under the District Nursing Association, and subsidised by the Maternity and Child Welfare Committee, there are no regular Maternity Homes, but most of the general nursing homes of the town take occasional maternity cases as and when required. All such homes have been asked to register, and have been visited by the Medical Officer of Health under the Act before certification. These homes will be kept under general supervision to ensure a high standard.

(3) THE WORK OF THE HEALTH VISITORS.

Tables (a), (b), (c) and (d) show in detail the amount and variety of the four Health Visitors' work in the homes, each devoting approximately 50 per cent. of her time to Infant Welfare work, the remainder to the School Medical Service.

The total visits to infants in their homes show an increase, also visits to expectant mothers. Excellent work was done in the visiting of homes where infants were suffering from non-notifiable infectious diseases, such as measles and whooping-cough, both diseases being prevalent during the spring of 1925.

M. and C.W. Table No. 3.

(a) HOME VISITS (all visits included).

	First Visits.	Secondary Visits.	Total.
I. Babies under 1 year of age ...	782	2670	3452
II. Infants 1-5 years of age ...	8	4615	4623
III. Special Visits ...	173	31	204
IV. Expectant Mothers ...	194	361	555
Totals ...	1157	7677	8834

V. Unsuccessful visits included above ... 512

(b) INFECTIOUS DISEASES (Visits included under (a)).

	Notified	Visits.		No. Nursed	No. Admitted
		No. Visited.	Total Visits.	D.N.A.	Hospital.
I. Ophthalmia Neonatorum ..	7	4	16	3	3
II. Puerperal Pyrexia ...	1	1	1	1	...
III. Puerperal Fever	4	...	...	...	4
IV. Measles, German Measles ...	...	97	112	2	4
V. Whooping Cough ...	...	39	50	2	...
VI. Epidemic Diarrhoea ...	...	...	...	...	...
VII. Poliomyelitis ...	4	...	...	...	1
VIII. Pneumonia	76	34	47	7	24
IX. Other Infectious Diseases ...	1	9	11	...	...
Totals	93	184	237	15	35

(c) SPECIAL REPORTS.

I. Milk Reports. New 243. Secondary 353.	
Total	596
II. To Medical Officer of Health <i>re</i>	
Sanitation	16
III. Other Reports	3

(d) SPECIAL INFORMATION RELATING TO OPHTHALMIA NEONATORUM.

Cases.			Vision Unimpaired.	Vision Impaired.	Total Blindness.	Deaths.
Notified.	Treated.					
	At Home.	*In Hospital				
7	4	3	7	...	...	..

*Including Maternity Home and Hospital Out-Patient Department.

(4) THE MATERNITY AND CHILD WELFARE CENTRES.

The popularity of the centres has been more than maintained in 1926, the total new cases being 586, 77 per cent. of the births for the year.

The work at the two ante-natal clinics has progressed favourably, the numbers at Park View nearly doubling during the year.

To meet the needs of the rapidly growing population of Hollington a new and additional Centre was successfully opened in the Church Hall in December, 1926.

Towards the end of the year it was decided to close down the Tackleway Clinic in the Old Town and to transfer the clinic to the St. Mary's Church Hall, Beach Terrace, near the centre of the town, where excellent premises have been secured, the rooms having been re-decorated and fitted up for the purpose of the centre. Not only will this centre be more convenient than Tackleway for the people of the Old Town, but it will also tap a very considerable population near the centre of the Town, for whom no clinic has hitherto been accessible.

The Service of Help for Motherhood and Infancy has continued to provide the Voluntary Helpers, whose self-sacrificing work is beyond praise, also to administer the Clinics generally, the Corporation providing a nurse and a doctor at each session.

M. and C.W. Table No. 4.

Centre.	Medical Officer.	Day and Time.	New Cases.	Old Cases.	Total Attendances.	Medical Consultations.
Bulverhythe	Dr. G. Ticehurst	Tuesday, 2.30 p.m.	52	637	689	414
Halton	Dr. G. R. Bruce	Wednesday, 2.30 p.m.	156	1857	2013	1063
Park View	Dr. Stanley	Thursday, 2.30 p.m.	162	1912	2074	1085
Tackleway	Dr. Earnfield	Friday, 2.30 p.m.	76	1025	1101	494
Hollington	Dr. Turner	Alternate Fridays, 2.30 p.m.	42	24	66	53
Halton, Ante-Natal	Dr. Walker	1st & 3rd Mondays, 2.30 p.m.	29	41	70	68
Park View Ante-Natal	Dr. G. Ticehurst	2nd & 4th Wednes- days, 2.30 p.m.	69	61	130	125
Totals			586	5557	6143	3302

(5) HOME HELPS.

Number of cases attended in 1926 = 10.

(6) FERNBANK MATERNITY HOME.

During 1926 10 cases were admitted to the public wards under the standing arrangements, the Maternity and Child

Welfare Committee guaranteeing the full fee of $2\frac{1}{2}$ guineas, the mother contributing her agreed quota. I have interviewed most of these mothers, who have been most enthusiastic in their praise of the excellent treatment and attention received at Fernbank.

The Maternity Home has now been opened over 3 years. Twelve beds are available, so that, without any undue pressure, at least 200 confinements per annum could be managed. As the admissions are still just under 100 per annum, I think that the Public should be fully acquainted with the excellence of the provision made at Fernbank for maternity work, and the importance of women from overcrowded or unhygienic homes being confined under such model conditions.

(7) DISTRIBUTION OF MILK, ETC.

A special sub-committee deals with all fresh applications for milk from necessitous, expectant or nursing mothers, and infants in accordance with regulations and scales approved by the Ministry of Health.

The amount of fresh milk has slightly increased, that of dried milk is reduced, as compared with 1925. The number of individuals in receipt of milk has slightly increased.

SUMMARY OF DISTRIBUTION OF MILK.

(a) Fresh milk	...	...	...	17,610 pints.
(b) Dried milk	...	...	...	388 lbs.
(c) Individual nursing and expectant mothers and infants receiving milk	...	...	...	311

(8) DENTAL TREATMENT.

Dental treatment by the School Dentist is now available for children under five years of age at the two school clinics and for expectant and nursing mothers at the Dental Department of the Royal East Sussex Hospital. During 1926 12 children and 20 expectant or nursing mothers received treatment.

The results of treatment have been highly satisfactory in most cases, especially adults, where the mouths are frequently in a very septic condition. It is often difficult to persuade mothers to have the treatment, either through disinclination to submit to the dentist or owing to domestic ties.

VENEREAL DISEASES.

Dr. A. H. H. Huckle, the Medical Officer in charge reports as follows with regard to the V.D. Clinic.

"The year's work continues to show a slight increase in the attendances, the total number of new cases from all districts being 288 in 1926 as compared with 255 in 1925. The number of these new cases which on investigation proved to be suffering from venereal disease in 1926 was 151, as compared with 167 in 1925.

The remaining new cases, totalling 137, were found not to be suffering from venereal disease, the figure in 1925 being 118. Some of these are people who have been exposed to infection, but the greater number are investigations and examinations to determine the presence of congenital syphilis, when the disease exists or is suspected in the family. This relatively large number of non-venereal cases I consider to be a very satisfactory feature of the year's working.

New syphilis cases from all districts declined from 87 to 53, the majority being old standing cases, while gonorrhœa cases increased from 80 to 97. While the male cases of gonorrhœa appear to appreciate and to take advantage of the treatment available, it is to be regretted that female cases do not present themselves for treatment to the same extent. Several cases in women are known to exist in the district, which have not come under treatment, and at present there is no legal power to compel treatment.

The medical men of Hastings, Bexhill and the county districts surrounding avail themselves freely of the services of the Clinic, many paying personal visits, when they are always welcomed. This co-operation of the medical men of the district is much valued and very helpful.

A new method of keeping the records, adapted from the method used at St. Thomas' Hospital, has been introduced and is proving very satisfactory."

The following table which summarises the results of 6 years working of the clinic in relation to Hastings cases shows that the gratifying fall in new syphilis cases is well maintained, while the incidence of gonorrhœa on the whole tends to increase.

VENEREAL DISEASES CLINIC.

COMPARATIVE STATEMENT OF WORK FOR YEARS 1921-1926. HASTINGS CASES ONLY.

	1921	1922	1923	1924	1925	1926
Number of new cases suffering from :—						
(a) Syphilis	71	56	58	50	49	24
(b) Soft Chancre	4	1	...	1	...	1
(c) Gonorrhœa	39	26	27	33	41	40
(d) Non-venereal conditions	55	67	70	77	84	69
Total	169	150	155	161	174	154
Total attendances out-patient clinic	2226	2524	3319	3736	4508	4298
In-patient days	184	147	7	143	16	35
Doses of Salvarsan :—						
Out-Patient Clinic... ..	716	1277	1102	1021	1025	815
In-Patient Department ...	18	14	...	2	1	
*Pathological Examinations :—						
(a) Examined by Medical Officer, V.D. Clinic ...	211	193	157	165	182	315
(b) Sent to approved laboratory	310	303	352	384	378	415

*These include all specimens.

**Return relating to all persons who were treated at the
Treatment Centre at Hastings during the year
ended the 31st December, 1926.**

	Syphilis.		Soft Chancres.		Gonorrhœa		Conditions other than Venereal.		Total.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
1 (a). Number of persons who, on the 1st January, 1926, were under treatment or observation for ...	73	100	...	...	19	21	2	2	94	123
(b). Number of cases marked off in a <i>previous year</i> as having ceased to attend or as transferred to other Centres, and which returned to the Treatment Centre during the year under report <i>suffering from the same</i> <i>infection</i>	6	8	...	...	5	1	...	...	11	9
Total—Items 1 (a) & 1 (b)...	79	108	...	...	24	22	2	2	105	132
2 (a). Number dealt with during the year in the out-patient Clinic for the <i>first time</i>	30	23	1	...	72	25	78	59	181	107
Total—Items 1 (a), 1 (b) & 2 (a)	109	131	1	...	96	47	80	61	286	239
2 (b). Number of cases included in Item 2 (a) known to have received <i>previous treatment at other Centres</i> for the same infection	8	5	...	...	24	10	...	...	32	15
3. Number of persons who ceased to attend the out-patient Clinic (a) before completing the first course of treatment for	6	5	...	...	10	3	...	...	16	8
(b) after one or more courses but before completion of treatment for (c) after completion of treatment but before final tests as to cure of	8	10	...	...	...	...	...	...	8	10
4. Number of persons transferred to other treatment Centres after treatment for	10	9	...	...	12	6	...	...	22	15
5. Number of persons discharged from the out-patient Clinic after completion of treatment and ob- servation for	12	10	...	...	15	11	...	...	27	21
6. Number of persons who, on the 1st January, 1927, were under treatment or observation for ...	12	11	1	...	15	6	...	...	28	17
Total—Items 3, 4, 5 & 6 ...	61	86	...	...	44	21	2	3	107	110
7. Out patient attendances :- (a) For individual attention by the Medical Officer	109	131	1	...	96	47	2	3	208	181
(b) For intermediate treatment, e.g., irrigation, dressings, etc.	860	780	19	...	1116	501	206	150	2201	1431
Total attendances ...	...	...	...	...	2014	1281	...	...	2014	1281
8. Aggregate number of "in patient days" of treatment given to persons who were suffering from ...	860	780	19	...	3130	1782	206	150	4215	2712
	...	56	8	...	37	43	...	4	45	103

	For detection of			For Wassermann Reaction.
	Spirochetes	Gonococci.	Other Organisms and Vaccines.	
9. Examinations of pathological material:—				
(a) Specimens which were examined at, and by the Medical Officer of, the Treatment Centre ...	1	310	4	..
(b) Specimens from persons attending at the Treatment Centre which were sent for examination to an approved laboratory ...	...	.	12 C.S.F.	403

Statement showing the services rendered at the Treatment Centre during the year, classified according to the areas in which the patients resided.

Name of County or County Borough (or Country in the case of persons residing elsewhere than in England and Wales) to be inserted in these headings.	Hastings.	East Sussex.	Foreign.	Total.
(A) Number of persons from each area dealt with during the year at or in connection with the out-patient Clinic <i>for the first time</i> and found to be suffering from:				
Syphilis	24	23	6	53
Soft Chancre	1	...	...	1
Gonorrhœa	40	39	18	97
Conditions other than venereal ...	89	40	8	137
Total	154	102	32	288
(B) Total number of attendances at the out-patient Clinic of all patients residing in each area ...	4,298	2,147	482	6,927
(C) Aggregate number of "In-patient days" of all patients residing in each area ...	35	113	...	148
(D) Number of doses of Arsenobenzol compounds given in the:—				
1. Out-patient Clinic... ..	815	401	6	1,222
2. In-patient Department ...	.	...	...	.
to patients residing in each area.				

MENTAL DEFICIENCY.

PARTICULARS OF MENTAL DEFECTIVES AS ON 1ST JANUARY, 1927, FOR WHOM THE LOCAL AUTHORITY IS, OR IS LIKELY TO BE, RESPONSIBLE.

Category.	Males.	Females.	Total.
1. Under "Order" (cases "on licence" to be included):			
(a) In Institutions ...	7	22	29
(b) Under Guardianship ...	8	15	23
2. In Institutions or under Guardianship dealt with under S. 3			
Permissive powers ...	2	...	2
3. In places of safety ...	1	...	1
4. Under Statutory supervision ...	13	14	27
Numbers if any, of foregoing—			
(a) attending Occupation Centres ...	1*	6*	7*
(b) awaiting removal to Institution ...	...	1*	1*
5. Under Voluntary Supervision	...	2	2
Numbers if any, of foregoing attending Occupation Centres. ...	...	...	...
6. Subject to be dealt with but action not yet taken:			
(a) Notified by Education Authority ...	...	1	1
(b) Otherwise ascertained ...	3	...	3
7. Under consideration ...	3	2	5
Totals ...	37	56	93

* Not included in Totals.

The following figures, giving the numbers on the books of the Mental Deficiency Committee during the past 6 years, shew very clearly how much the work of that Committee has increased :—

On January 1st, 1922	...	...	...	...	29 cases.
„ „ „ 1923	...	...	...	...	33 „
„ „ „ 1924	...	...	...	...	46 „
„ „ „ 1925	...	...	...	...	58 „
„ „ „ 1926	...	...	...	...	74 „
„ „ „ 1927	...	...	...	...	93 „

(a) Ascertainment.

In addition to the officials, actively connected with the Mental Deficiency Committee, *i.e.*, the Medical Officer of Health and School Medical Officer and his Deputy, the Health Visitors and School Nurses and the School Attendance Officers, every

occasion is taken to secure the co-operation of the various agencies most closely in touch with mentally defective persons, subject to be dealt with, *e.g.*, the Special School and its After Care Committee, the Poor Law Authority, the Police Probation Officers, the National Society for the Prevention of Cruelty to Children, etc.

(b) Supervision in the Homes.

This is effected by the male and female officers, who report to the Medical Officer of Health, all reports going to Committee.

(c) Guardianship Cases.

The Committee continued to develop the policy of Home Guardianship in suitable cases with excellent results. We find that parents and other guardians view their responsibilities very seriously, welcoming very cordially the visits and advice of the Medical Officer and the male and female visitors. The Committee has also found the help of the Guardianship Society of Brighton in placing cases of very great assistance in view of the difficulty of finding suitable institutions.

(d) Institution Cases.

While the waiting list for Institutions is short at the time of writing this report, this is mainly due to the extensive way in which the local Infirmary, an approved institution and Guardianship have been utilised. Such vacancies as have been obtained have been mostly at Stoke Park Colony, near Bristol, where the distance is so great as to render it almost impossible for parents to see their children. In view of the present impasse as regards institutions and with the approval of the Board of Control, a committee, representative of all the bodies controlling Mental Deficiency Work in Sussex, is now exploring the possibility of creating an Institution either for Sussex alone, or for Sussex combined with one of the neighbouring Counties.

(e) The Occupation Centre.

This has continued on the lines of the past two years, the pupils being selected from the Infirmary, or from guardianship and statutory or voluntary supervision cases from their own homes. The Centre is open on three afternoons weekly, but the Board of Control favours an expansion of this excellent and important work in two directions, which will probably allow more pupils to be enrolled :—

- (a) an increase in the actual number of sessions.
- (b) an improved classification of the pupils.

The Voluntary Committee, controlling the Occupation Centre, is now considering the ways and means of carrying out this desirable development.

SCHOOL MEDICAL SERVICE.

Introductory.

The following is a summary of the most important elements of the work of the School Medical Service during 1926.

(a) Routine medical examination of 1,570 children in the elementary schools, 222 girls in the Secondary School and 64 children in the Special School.

(b) Medical examination and treatment, where necessary, at the two school clinics of 2,515 children, who made 15,419 attendances.

(c) 9,061 re-inspections by the Medical Officer at the schools and clinics.

(d) Examination by refraction of 233 cases of defective vision, 128 children being supplied with spectacles under the Authority's scheme.

(e) Operative treatment of 62 cases of enlarged tonsils or adenoids or of both conditions at the two local voluntary hospitals.

(f) 2,282 cases of minor ailments treated at the two clinics.

(g) Provision of simple treatments, *e.g.*, lotions, ointments, dressings and nutritive drugs, the total issues being 18,559.

(h) Dental inspection by the School Dentist of 10,456 children, 2,069 being actually treated during the year.

(i) Cleanliness inspections at the schools by the School Nurses, of 17,639 children inspected, 1,052 being found defective in varying degrees and 41 cleansed at the public station.

(j) Control of infectious disease, with numerous visits by the staff to the schools and homes, the total exclusions being 936, total home visits 1,460.

Throughout the year negotiations continued between the Government Departments, the Royal East Sussex Hospital and the Corporation with regard to the establishment of an orthopaedic clinic for the treatment of crippling and as a result the clinic will be opened in 1927. Associated with this will be "Sun-ray" treatment for selected cases.

The training of the older girls in mothercraft on the lines recommended by the Board of Education has continued to meet with great success.

No development has taken place during the year with regard to the provision of an open air school for physically defective children.

1. STAFF.

See "Staff of the Health Department," p. 93.

2. CO-ORDINATION WITH WORK OF OTHER HEALTH SERVICES.

(a) Infant and Child Welfare.

The combination of the posts of Health Visitor and School Nurse and the intimate relationship of the school clinics with the infant welfare centres materially furthers co-ordination. Arrangements have been made for the transfer of the medical cards of infants from infant welfare centres to the school clinics, as they start school.

(b) Nursery Schools.

None are established as such. In this district, however, a considerable number of 'toddlers' start school at the age of 3 and $\frac{1}{2}$ years, special arrangements being made for them in the matter of rest periods on stretchers. These children seem very happy in school, reacting in a remarkable way to the influence of the teachers. Where the home conditions are unfavourable, I believe they are better at school, both mentally and physically. In any case the arrangement appears to be necessary, owing to the large number of mothers who are compelled, from economic reasons and the local demand for this type of work, to go out charing or as daily helps.

(c) Debilitated Children under School Age.

Such children have every facility for examination and medical advice at any of the five infant welfare centres. In necessitous cases, for medical reasons, on the certificate of the Medical Officer of the centre, milk may be supplied free of cost.

3. SCHOOL HYGIENE.

At the commencement of 1926 the existing arrangements of the elementary schools were altered to a system of Central, Senior,

Junior and Infants' Schools, in accordance with modern principles, the same premises serving for the new schools.

The following return shows the accommodation and attendances for the quarter ending 31st December, 1926 :—

Total accommodation	...	9,721 (under revision)
Average number on registers...		6,560
Average attendance	...	5,971
Percentage of attendance	...	91
Average attendance for 1926	...	5,716
Average attendance for 1925	...	5,945
Percentage of elementary school children to total population		10·7

The decline in the number of elementary school children corresponds with the falling birth-rate in recent years.

The general cleanliness of the schools is satisfactory. The demonstrations to the caretakers on the methods obtaining in the public lavatories has had a salutary effect. Heating of the schools is generally adequate, also water supply. The special aluminium cups, introduced to replace the chipped enamel ware, are undoubtedly an improvement, but automatic drinking fountains should be considered as the ideally hygienic method. The provision of blackboards is satisfactory; also desks, of which many of new and improved types have been recently installed. Improvements in ventilation and lighting have been carried out at various schools. There is no overcrowding in the schools, as there are over 3,000 places not occupied, owing to the considerable decrease in the number of pupils during this century. Apart from the heating pipes, fires and stoves, there are no definite arrangements for drying clothes and boots.

Consideration of the substantial improvements schemes in the three non-provided schools, alluded to in previous reports, was continued throughout the year, and I understand that the works will probably be carried out this year or at least started.

A considerable amount of repairs, decorations and minor hygienic improvements has been carried out during the year at a cost of nearly £1,300.

Meals in the Schools.

I dealt fully with this matter in last year's report. In view of the re-organisation of the schools a considerable number of children, between 250 and 300, according to the period of the year, more in winter than in summer, have no time to go home for their mid-day meal, but must bring it to school to be warmed up. In addition, in most schools, where there are any number of children staying for the mid-day meal, a hot drink, milk, cocoa, or soup, can be obtained.

The Children's Care Committee have had the matter under consideration during the year, the following letter being recently sent out to all head teachers :

MID-DAY MEALS AT SCHOOLS.

Dear Sir (or Madam),

I beg to inform you that School Medical Officers were asked by the Board of Education to make a special note in their annual reports for 1925 as to the number of children who brought mid-day meals to school, the nature and service of the meals, and the arrangements for supervision.

The School Medical Officer made special enquiry on the point in local elementary schools during March and November, 1926, and ascertained that, on an average, 279 children in four infants', ten junior, and thirteen senior or central schools bring mid-day meals to school each day. The matter is therefore one of some importance, both as regards school administration and the health of the children. The methods adopted vary considerably, *e.g.*, in some schools there are facilities for milk, cocoa, eggs, pies, etc., being heated or cooked; in others no such arrangements are provided, so that the children must have a cold meal. Again, in some schools a teacher gives up some of his or her lunch hour to supervise the meal; or arrangements are made for the caretaker or prefect to do this; in other schools no provision for supervision is made. In some schools an effort is made to have the meal properly served on tables, with cloths, etc., but in other schools no provision for service of the meal is possible.

The matter has been brought to the notice of the Children's Care Sub-Committee, who desire to thank the teachers for all they have done in the interests of the children in the matter of mid-day meals served in the school. It is felt that the head

teachers will be fully in sympathy with the Sub-Committee's desire that the following standard should be universally attained :—

- (a) Arrangements for heating meals should be available.
- (b) Some arrangements should be made for supervision, e.g., caretaker present, or prefect in senior school. The Sub-Committee do not suggest that teachers should sacrifice part of their lunch hour.
- (c) The meals should be decently served.

Head teachers are invited to communicate with the Secretary with regard to any difficulty in respect of the foregoing points.

It is equally desirable that the meals should be nutritious, and digestible. In the event of children bringing unsuitable or indigestible food, head teachers are asked to be good enough to notify the names and addresses to the School Medical Officer or the School Nurse for the district, who will tactfully endeavour if possible to persuade the mother to send a more suitable meal.

Yours faithfully,

PHILIP O. BUSWELL,

Secretary.

As a result no doubt arrangements, when below the desired standard, will be improved, with the help, where necessary, of the managers, the Education Committee and the teaching staffs. I feel that this is a very important matter, and have no hesitation in stressing it again.

4. MEDICAL INSPECTION.

Dr. Turner, Deputy School Medical Officer, reports :—

“(a) Age Groups of Children Inspected.

At routine medical inspection, in 1926, 1,570 children were examined in the elementary schools; of these 599 were leavers of the 12 year old group, 388 in the intermediate or 8 year old, and 583 entrants.

511 children were re-inspected at the schools.

The number of children examined in the intermediate or 8 year old group is markedly lower than in the other two groups owing to the birth-rate of 1918 being below the average.

(b) **Schedule of Medical Inspection.**

The schedule was drawn up in order to obtain all the necessary information for the Board of Education statistics and has been in use for some years.

(c) **Disturbance of School Arrangements.**

The interests of the head teachers and their staffs are always studied so as to interfere as little as possible with the routine work of the schools.

**{ 5. FINDINGS OF MEDICAL INSPECTION.
8. MEDICAL TREATMENT.**

(a) **Uncleanliness.**

Inspections as to the cleanliness of the heads and bodies of the children continue to be carried out by the nursing staff. These inspections entail a considerable expenditure of time and involve much extra work, but the results fully justify the action taken. It was not necessary to take any cases to court during the year.

Table IV., Group 5. Uncleanliness and Verminous Conditions.

1. Average number of visits per school made during the year by the school nurses	...	11
2. Total number of examinations of children in the schools by school nurses	... ..	17,639
3. Number of individual children found unclean		1,052
4. Number of children cleansed under arrangements made by the Local Education Authority	... ..	41
5. Number of cases in which legal proceedings were taken : —		
(a) Under the Education Act, 1921	...	Nil.
(b) Under School Attendance Bye-laws...		Nil.

(b) **Minor Ailments, including Skin Diseases.**

Various defects of the skin, eye, ear, tonsils and adenoids amounted to 576. Other conditions of the nose and throat accounted for 19 cases.

(1) **RINGWORM OF THE HEAD.**

Two cases were found at the routine medical inspection, and 19 cases have attended at the clinics; treatment by a strong

preparation of iodine has been carried out satisfactorily as in previous years.

(2) **RINGWORM OF THE BODY.**

No cases were noted at the routine medical inspection, and 17 cases presented themselves for treatment at the Clinics.

(3) **SCABIES.**

Eight cases were under treatment, but some of these were relapses from previous attacks.

(4) **IMPETIGO CONTAGIOSA.**

These cases form the bulk of the skin diseases seen at the clinics, and, despite the prompt and energetic treatment carried out by the school nurse, some remain very persistent and are frequently a source of absenteeism. Moreover owing to parental apathy a certain number of these cases do not receive the attention they should at home.

(5) **OTHER DISEASES OF THE SKIN.**

The majority of these cases were septic sores, abscesses, boils, burns, etc., 65 from routine inspection, and 1,044 seen at the clinic.

(c) **Tonsils and Adenoids.**

At the routine medical inspection 249 children were found to be suffering from enlargement of the above in varying degrees. Of these 62 cases were operated on under the Authority's scheme.

(d) **Tuberculosis.**

Children found upon examination at school or at the school clinics to be suffering from suspected or definite tuberculosis are referred to the Tuberculosis Clinic for further investigation and necessary action by the Tuberculosis Officer.

(e) **External Eye Disease.**

The more frequent diseases of this category are styes, blepharitis, conjunctivitis, and corneal ulcers. At the routine inspection 27 cases, and at the inspection clinic 55 cases were referred for treatment.

(f) **Defective Vision.**

See Table IV., Group II, pp. 71-72.

(g) **Ear Diseases and Hearing.**

Each child is tested at the routine inspection for defective hearing, and suspected cases are sent by the teachers and others to the clinics for further examination.

During the past year 58 cases were treated for various diseases of the ear."

(h) **Dental Treatment.**

Mr. W. D. Penfold, School Dentist, reports:—"The work of the department was extended at the end of 1925, sessions being held on Saturday mornings and during part of the school holidays. To begin with attendances at these extra sessions were not too good, but, as it became more generally known that the Dental Department was open, those attendances steadily improved and it is estimated that, for the second half of the year at any rate, 75% of the children notified to attend during holidays put in an appearance. The Saturday morning session in particular appears to have been appreciated by many, especially those attending schools at some distance from their homes (e.g., Secondary and Special School). In the ordinary way children are notified to attend at the clinic nearest their schools, but, in many cases of those attending the above-mentioned schools, the distance that the parents would have to travel seems to have kept them away. It is now possible to arrange for these cases to attend at the clinic nearest their homes on non-school days.

Some delay was caused at the beginning of the year by the re-arrangement of the schools. It was found necessary to visit all schools and examine registers in order to discover the whereabouts of children marked down for treatment. These visits, with the re-sorting of record cards, interspersed with periods of treatment, took approximately a month to complete. This no doubt explains why the actual work accomplished at the clinic, as shewn by the accompanying figures, is approximately the same as the year before in spite of the extra sessions introduced.

All schools with the exception of five were visited twice during the twelve months. These five schools are all in the St. Leonards district. This would seem to show that there is more response from that district than from the Hastings end. It is proposed to transfer one of the larger schools to the Hastings list this year and so relieve the pressure somewhat.

There is (and it is supposed there always will be) a certain class of children who will not take advantage of the advice offered. It is thought that it might be profitable to give a short talk to these particular cases on the occasion of the inspection at the schools, although in many cases it is undoubtedly the parents who are at fault and they unfortunately are hard to get at. All that could be done in the way of distribution of literature has been done, but still there are many defaulters. It can only be hoped that the children of to-day, who are the future parents, will assimilate the teaching they are now receiving on the importance of the care of the teeth and that future generations will benefit as a consequence."

6. INFECTIOUS DISEASE.

(See Infectious Diseases—pp. 16-22.)

Notifiable infectious diseases were mild in type and slight in incidence during 1926, particularly diphtheria.

Of the non-notifiable infectious diseases, measles, whooping cough and chicken-pox were all somewhat prevalent in the first part of the year. It was not considered necessary to resort to the closure of any school or department on account of infectious disease. Scabies, ringworm and impetigo contagiosa continue to show a decided improvement as compared with their incidence in the early years of the School Medical Service.

Non-notifiable Infectious Disease.

REPORTED BY HEAD TEACHERS, SCHOOL NURSES AND
SCHOOL ATTENDANCE OFFICERS.

Measles	...	...	...	...	235
German Measles	...	...	...	...	nil.
Whooping Cough	...	...	...	...	138
Chicken-pox...	...	...	...	...	84
Mumps	...	...	...	...	18
Scabies	...	...	...	...	2
Ringworm of Head...	...	...	...	...	nil.
Ringworm of Body...	...	...	...	...	nil.
Total	...	...	...	...	477

Exclusions from School.

During the year 1976 children were excluded from school for the following diseases :—

1. Infectious Diseases (including Rheumatism and Influenza)	207
2. Diseases of the Skin (including Ringworm)	153
3. Inflammatory conditions of the Throat, Tonsils and Enlarged Glands	186
4. Nervous Conditions, including Chorea, Epilepsy, etc.	31
5. Diseases of the Digestive System	24
6. Bronchial Catarrh and Colds, etc.	180
7. Heart Disease	4
8. Injuries	18
9. Diseases of the Ear	7
10. Diseases of the Eye	16
*11. Tuberculosis (definite or suspected)	4
12. Other Diseases... ..	146
Total	976

*This does not include children excluded by the Tuberculosis Medical Officer.

The following certificates were given for schools in which the attendance fell below 60% under Grant Regulations 8 and 9.

Measles	17 certificates.
Whooping Cough	9 „
Measles and Whooping Cough	7 „
Measles and Chicken-pox	1 „
Measles, Whooping Cough and Chicken-pox	2 „
Chicken-pox	1 „

7. FOLLOWING UP. WORK OF SCHOOL NURSES.

Number of Schools (including Special School)...	23
Visits of Nurses to Schools	257
Visits to Homes :—	
By direct instruction of School Medical Officer	319
At request of School Attendance Officer	221
Following up cases of uncleanness	258
General cases, following up	659
School Visits—miscellaneous	281
Total	1,711

Examinations for cleanliness:—

Primary ...	...	...	...	15,034
Secondary ...	...	...	...	2,605
Total ...				17,639

9. OPEN-AIR EDUCATION.

Playground classes are held in many of the schools in the summer months, and short journeys are also made to Corporation parks and gardens for nature study.

The provision of a day open-air school for physically defective children has been postponed for the time being for reasons of economy.

10. PHYSICAL TRAINING.

This is entirely carried out by the teachers, many of whom have attended special classes.

The appointment of a specialist supervisor has been postponed.

11. PROVISION OF MEALS.

(a) Dinners for necessitous children were provided from January 25th to March 31st, 1926, the numbers in attendance varying from 164 to 188.

The general arrangements with regard to the selection of children, income scale, type of restaurant and menus, which had been satisfactory in previous years and have been fully described in recent annual reports, were continued.

The restaurants in different parts of the town were supervised and visited regularly by members of the school medical staff, the Secretary to the Education Committee, the school attendance officers and teachers. Generally speaking the quality and quantity of the dinners were excellent.

In addition to the dinners lunch milk was provided throughout the year to certain children, varying in number from 23—79.

(b) In view of the valuable experimental work of Dr. Cory Munn and others in relation to the importance of an extra ration of milk, a considerable increase in the numbers of debilitated and pre-tuberculous children, receiving this milk, was considered

thoroughly justifiable. Dr. Turner, who has been carefully watching the effects of the milk and the children, reports as follows :-

Lunch Milk.

“One half-pint lunch milk, which also includes biscuits or bread and butter, is provided for necessitous children, who are suffering from various debilitating conditions, with decided benefit to the recipients, especially in the case of young children, many of whom have their breakfast at an early hour. Another important consideration in giving milk is that many of these children do not get sufficient fat in their diet, especially in the form of butter, milk and suet. I always take every opportunity of impressing on the parents the importance of abundance of animal fat for growing children. If they object to it with their meat, I recommend it to be given in the form of suet pudding or milk pudding with a little suet added.”

Next year it is hoped to give a series of weight tables showing the exact results of the administration of milk to those necessitous, debilitated or pre-tuberculous children.

12. SCHOOL BATHS.

(See Report for 1925, p. 65.)

- 13. CO-OPERATION OF PARENTS.**
- 14. CO-OPERATION OF TEACHERS.**
- 15. CO-OPERATION OF SCHOOL ATTENDANCE OFFICERS.**
- 16. CO-OPERATION OF VOLUNTARY BODIES.**

At routine inspection 63 per cent. of parents attended, the total refusals being 123 or 8 per cent. On the whole the parents thoroughly appreciate the medical services available, and more important still are beginning to realise the preventive side of school medicine. The teachers and school attendance officers continue to work in very close and friendly co-operation in the common interests of the children, and in this connection the valuable help rendered by the Secretary to the Education Committee, both in Committee work and generally, is gratefully recorded. The School Medical Service co-operates as and when required with any of the numerous charitable medical voluntary societies of the town.

17. BLIND, DEAF, DEFECTIVE & EPILEPTIC CHILDREN.

See Table III.—p. 69 for numbers ascertained.

(a) Ascertainment and Treatment.

A special register is kept for the purpose of certifying and following up all defective children who come within the scope of Table III. In addition all children, permanently absent, come under the notice of the School Medical Officer at least twice yearly.

As regards totally blind and deaf children, institutional treatment is either not indicated or impossible to obtain in several cases, owing to the combination of severe degrees of mental deficiency. The numbers of partially deaf and blind do not justify special classes, but all cases are kept under the supervision of the School Medical Service.

The co-ordination between the School Medical Service and the Tuberculosis Service of the Health Department is close, both being under the supervision of the Medical Officer of Health. Suspected cases are referred from the School Medical Officer to the Tuberculosis Clinic, treatment being given either at the Clinic, or if necessary at Darvell Hall Sanatorium for pulmonary cases, and at the Royal East Sussex Hospital for non-pulmonary. Delicate pre-tuberculous school children may be sent into the country under the auspices of the Tuberculosis Care Committee. After a period of observation at the Tuberculosis Clinic, if the diagnosis be not definite, the case is referred back to the School Medical Officer for prolonged observation. It is for such children that an open air school, now postponed owing to economic reasons, is specially indicated.

As regards other physically defective children, including cripples, the majority obtain expert treatment at one or other of the local hospitals. The Orthopaedic Scheme, including Sun-ray treatment, as fully set out in previous reports, will start in 1927 for the treatment of cases of crippling due to various causes.

(b) Mentally Defective Children not in Special Schools.

Suitable candidates for the special school are, as a rule, admitted without undue delay, and are allowed to remain at school until their admission. Apart from unofficial arrangements at a few schools, there are no definite classes for dull and backward children. This important matter is at present under discussion. Low grade children unfit for admission to the Special School are either sent to Institutions, or, if left at home, are under the care of the School Nurses and School Attendance Officers, who are Officers to the Mental Deficiency Committee. Provision has been made for educating such faculties as they possess at the Occupation Centre at the Halton Clinic.

(c) Hollington Special School for Mentally Defective Children.

The average number of pupils on the roll during 1926 was 61.1, the average attendance being very satisfactory. Eleven

pupils were discharged during the year :—

To earn living	6
Transferred to Institution for deaf	1
Transferred to Elementary School	1
Left district	1
Not Educable	2
Total	11

The after-care work of the school is carried out by a special committee, all children being periodically visited, and out of 40 on the books at present all but one are at work, the average rate of wage being quite good. This of course does not include children, who left the Special School, as ineducable or transferred to institutions, etc., who are mostly on the books of the Mental Deficiency Committee of the Council.

All children in attendance were medically inspected during 1926 in accordance with the Board's requirements. The percentage of children found with defects requiring treatment was 28.1% as compared with a corresponding figure of 19.4% among children attending the elementary schools. At the Special School the defects are found mainly among the entrants and it is gratifying to record that on re-inspection thanks largely to the Head mistress, practically all defects had received or were receiving appropriate treatment.

The cleanliness of the children remains good, aided largely by the hot baths provided at the school. The physical condition of entrants as a rule improves considerably as a result of the excellent mid-day meals, provided at the school and the open-air methods adopted.

Hollington "Special" School.

(A) RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31ST DECEMBER, 1926.

DEFECT OR DISEASE.	Referred for Treatment.	Referred for Observation.
MALNUTRITION
SKIN :—		
Ringworm, Scalp
Ringworm, Body
Scabies
Impetigo
Other Skin Diseases (Non-Tuberculous)

DEFECT OR DISEASE.	Referred for Treatment.	Referred for Observation.
EYE :—		
Blepharitis ... ..	...	...
Conjunctivitis ... ..	...	...
Keratitis ... ..	...	...
Corneal Opacities ... ..	...	...
Defective Vision (excluding squint) ...	5	3
Squint	2	...
Other conditions ... ..	...	...
EAR :—		
Defective Hearing	1	6
Otitis Media ... ..	...	...
Other Ear Diseases ... ..	...	...
NOSE AND THROAT :—		
Enlarged Tonsils only	1	1
Adenoids only	1	2
Enlarged Tonsils and Adenoids	4	1
Other Conditions	1	...
Enlarged Cervical Glands (Non-Tuberculous) ... ..	...	2
Defective Speech ... ..	...	2
Teeth— Dental Diseases	31	2
HEART AND CIRCULATION :—		
Heart Disease—		
Organic ... ..	...	...
Functional ... ..	...	2
Anemia	1	...
LUNGS :—		
Bronchitis ... ..	...	6
Other Non-Tubercular Diseases ... ..	...	...
TUBERCULOSIS :—		
Pulmonary—		
Definite ... ..	...	...
Suspected ... ..	...	1
Non-Pulmonary—		
Glands ... ..	...	...
Spine ... ..	...	...
Hip ... ..	...	...
Other Bones and Joints ... ..	...	...
Skin ... ..	...	...
Other Forms ... ..	...	...
NERVOUS SYSTEM :—		
Epilepsy ... ..	...	...
Chorea ... ..	...	...
Other Conditions ... ..	...	...
DEFORMITIES :—		
Rickets ... ..	...	...
Spinal Curvature ... ..	...	...
Other Forms	1	2
Other Defects and Diseases	4	1

**(B) NUMBER OF INDIVIDUAL CHILDREN FOUND AT ROUTINE
MEDICAL INSPECTION TO REQUIRE TREATMENT
(EXCLUDING UNCLEANLINESS AND DENTAL TREATMENT).**

Group.	Number of Children.		Percentage of Children found to require Treatment.
	Inspected.	Found to require Treatment.	
Special School	64	18	28.1%

18. NURSERY SCHOOLS.

No definite provision has been made, in view of the fact that so many 'toddlers' of 3 and 4 years old are admitted to the infant schools, generally with admirable results.

19. SECONDARY SCHOOL FOR GIRLS.

Table No. 2 p. 62 sets out in full the defects recorded. The following table shows the number of children examined.

Medically inspected	...	...	...	...	222
Absent	...	...	...	...	5
Student Teachers	...	...	...	...	7
Objected	...	...	...	...	4
Total					238

The general health of the girls is reported by the head mistress to be excellent, helped no doubt by the bracing and invigorating site of the school on the high land of the outskirts of the town. Special attention is given to postural and spinal defects by the games mistress. All cases of defective vision and teeth were attended to after routine inspection.

TABLE II.

(A) Return of Defects found by Medical Inspection in the year ended 31st December, 1926.

SECONDARY SCHOOL FOR GIRLS.

DEFECT OR DISEASE.	ROUTINE INSPECTIONS.		SPECIAL INSPECTIONS.	
	No. of Defects.		No. of Defects.	
	Requiring Treatment.	Requiring to be kept under Observation but not requiring Treatment.	Requiring Treatment.	Requiring to be kept under Observation but not requiring Treatment.
MALNUTRITION ... ..	...	...	...	...
SKIN :—				
Ringworm, Scalp ... ..	...	...	...	...
Ringworm, Body ... ..	...	...	...	...
Scabies ... ..	...	...	...	...
Impetigo... ..	...	...	...	...
Other Diseases (Non-Tuberculous ... ..	...	...	1	...
EYE :				
Blepharitis ... ..	...	1	...	...
Conjunctivitis ... ..	...	...	1	...
Keratitis ... ..	...	...	...	...
Corneal Opacities ... ..	...	...	...	...
Defective Vision (excluding Squint)	24	29	...	...
Squint	2	2	...	...
Other Conditions ... ..	...	...	...	...
EAR :				
Defective Hearing ... ..	...	...	...	...
Otitis Media ... ..	...	...	...	...
Other Ear Diseases ... ..	...	...	...	...
NOSE AND THROAT :—				
Enlarged Tonsils	2	7	...	...
Adenoids ... ..	...	...	...	...
Enlarged Tonsils and Adenoids ... ..	...	...	...	...
Other Conditions	1	...	1	...
Enlarged Cervical Glands (Non-Tuberculous) ... ..	...	...	...	...
Defective Speech ... ..	...	...	...	...
Teeth (Dental Diseases)	11	...	...	...

DEFECT OR DISEASE.	ROUTINE INSPECTIONS.		SPECIAL INSPECTIONS.	
	No. of Defects.		No. of Defects.	
	Requiring Treatment.	Requiring to be kept under Observation but not requiring Treatment.	Requiring Treatment.	Requiring to be kept under Observation but not requiring Treatment.
HEART & CIRCULATION :—				
Heart Disease—Organic	...	1	...	...
Functional	...	9	...	...
Anæmia ... ..	...	2	...	...
LUNGS :—				
Bronchitis ... ..	...	...	...	...
Other Non-Tuberculous Diseases ... ..	...	.	...	...
TUBERCULOSIS :—				
Pulmonary—				
Definite ... ..	...	...	...	...
Suspected ... ..	...	...	...	...
Non-Pulmonary—				
Glands ... ..	...	...	...	...
Spine... ..	...	...	...	...
Hip ... ..	...	...	...	...
Other Bones & Joints	...	1	...	...
Skin ... ..	...	...	...	...
Other Forms ... ..	...	...	...	...
NERVOUS SYSTEM :—				
Epilepsy ... ..	...	...	...	...
Chorea ... ..	...	...	...	...
Other Conditions ... ..	...	3	...	...
DEFORMITIES :—				
Rickets ... ..	...	...	...	...
Spinal Curvature ... ..	...	1	...	...
Other Forms ... ..	...	1	...	...
Other Defects and Diseases	4	7	.	...

(B) NUMBER OF INDIVIDUAL CHILDREN FOUND AT ROUTINE MEDICAL INSPECTION TO REQUIRE TREATMENT (EXCLUDING UNCLEANLINESS AND DENTAL DISEASES).

Group.	Number of Children.		Percentage of Children found to require Treatment.
	Inspected.	Found to require Treatment.	
Secondary School	222	35	15.7

20. CONTINUATION SCHOOLS.

None are established.

21. EMPLOYMENT OF CHILDREN & YOUNG PERSONS.

See Report for 1923 on the arrangements for co-ordination of the School Medical Service.

Number of licences issued to children in 1926 ... 141

Number of such children medically examined ... 99

„ „ „ rejected ... nil.

Description of the work at which the children were employed and number of children so employed :—

Delivery of papers 99

„ „ milk 7

Errands 34

Assisting in shop 1

Total ... 141

A number of children are still employed under licences granted in 1925.

There is no evidence of any harm being done to children by the present day methods of such employment, the time being only 1 hour before and 1 hour after school.

The work of the Advisory Committee for Juvenile Employment is fully co-ordinated with that of the School Medical Service, the School Medical Officer being in attendance at the Committee's meetings.

22. SPECIAL ENQUIRIES.

(1) Breathing Exercises After Operation for Enlarged Tonsils and Adenoids.

Dr. Turner reports :—“Classes are now being held at the School Clinics for children who have been operated on for enlarged tonsils and adenoids. Not only are the cases followed up, but the healthy condition of the nose and throat, a result of the operation, is maintained.

Before the actual breathing exercises take place the children are taught to thoroughly clear the nose by alternately closing

each nostril with the finger and blowing the contents into a basin, after which the proper use of the pocket handkerchief is demonstrated and finally the nasal passages are mopped out with an antiseptic lotion.

Then follows a series of graduated breathing exercises with a view to teaching the children how to inflate fully the lungs, a function few children understand unless specially instructed in the art.

In view of the fact that the "common cold," which is of such frequent occurrence with many children, is in the great majority of cases due to an unhealthy condition of the nose and throat, the above methods have been found most satisfactory as a means of prevention.

It is very gratifying to be informed by the parents of these children the numerous ways in which they benefit in regard to their general health, appetite, sleep, etc., after having their tonsils and adenoids removed."

The breathing classes are being continued, so that it will be possible to report next year in fuller detail on the results achieved.

(b) **Goitre among School Children Aged 12.**

This investigation was continued during 1926 with the following results:—

			Boys.		Girls.		Total.
Thyroid not enlarged	...	...	290	...	255	...	545
Thyroid enlarged	...	...	3	...	7	...	10
			<hr/>		<hr/>		<hr/>
Total	...		293		262		555
			<hr/>		<hr/>		<hr/>

Iodine in small doses has been used with favourable results in cases of children with obvious goitres of the parenchymatous type.

23. MISCELLANEOUS.

62 entrants for scholarships to the Secondary School received a special medical examination. Advice was given as required in matters arising out of the health of teachers.

MEDICAL INSPECTION RETURNS.

TABLE I. RETURN OF MEDICAL INSPECTIONS.

(A) Routine Medical Inspections.

NUMBER OF CODE GROUP INSPECTIONS.

Entrants	...	...	...	...	...	583
Intermediates	...	...	...	...	...	388
Leavers	...	...	...	...	...	599
						—
					Total	1,570

NUMBER OF OTHER ROUTINE INSPECTIONS ... 64

(B) Other Inspections.

NUMBER OF SPECIAL INSPECTIONS	...	...	2,188
NUMBER OF RE-INSPECTIONS	...	...	9,061
			—
	Total	...	11,249

(C) Secondary School for Girls ... 222

TABLE II.

(A) Return of Defects found by Medical Inspection in the year ended 31st December, 1926.

ELEMENTARY SCHOOLS.

DEFECT OR DISEASE.	ROUTINE INSPECTIONS.		SPECIAL INSPECTIONS.	
	No. of Defects.		No. of Defects.	
	Requiring Treatment.	Requiring to be kept under Observation but not requiring Treatment.	Requiring Treatment.	Requiring to be kept under Observation, but not requiring Treatment.
MALNUTRITION	8	28	31	1
SKIN :				
Ringworm, Scalp	1	1	19	...
Ringworm, Body	...	...	17	...
Scabies	...	...	8	...
Impetigo	6	...	122	...
Other Diseases (Non-Tuberculous)	36	21	336	13
Minor Injuries (Bruises, Sores, Chilblains),...	6	2	695	..

DEFECT OR DISEASE.	ROUTINE INSPECTIONS.		SPECIAL INSPECTIONS.	
	No. of Defects.		No. of Defects.	
	Requiring Treatment.	Requiring to be kept under Observation but not requiring Treatment.	Requiring Treatment.	Requiring to be kept under Observation but not requiring Treatment.
EYE:—				
Blepharitis	16	6	31	...
Conjunctivitis	5	...	22	...
Keratitis ... ..	...	...	2	...
Corneal Opacities ... ..	...	...	...	...
Defective Vision	87	65	155	23
(excluding Squint)				
Squint	24	14	7	2
Other Conditions	7	5	116	2
EAR:—				
Defective Hearing	3	8	6	5
Otitis Media	5	1	38	...
Other Ear Diseases	2	6	44	7
NOSE AND THROAT:—				
Enlarged Tonsils only	25	214	23	81
Adenoids only	1	2	...	3
Enlarged Tonsils and Adenoids	5	2	16	9
Other Conditions	14	5	265	9
Enlarged Cervical Glands (Non-Tuberculous)	3	58	17	12
Defective Speech ... ..	...	11	...	2
Teeth (Dental Diseases)	189	620	57	...
HEART & CIRCULATION:—				
Heart Disease—Organic ... ..	...	3	...	2
Functional	7	144	...	13
Anæmia	3	4	3	1
LUNGS:—				
Bronchitis	14	28	21	...
Other Non-Tuberculous Diseases	7	11	2	...
TUBERCULOSIS:—				
Pulmonary—				
Definite ... ..	...	...	1	...
Suspected	4	1	1	6
Non-Pulmonary—				
Glands	1	5	...	1
Spine ... ..	...	...	...	...
Hip ... ..	...	...	...	...
Other Bones & Joints ... ..	...	...	...	...
Skin	1	1	1	...
Other Forms ... ..	...	...	...	...

DEFECT OR DISEASE.	ROUTINE INSPECTIONS.		SPECIAL INSPECTIONS.	
	No. of Defects.		No. of Defects.	
	Requiring Treatment.	Requiring to be kept under Observation but not requiring Treatment.	Requiring Treatment.	Requiring to be kept under Observation but not requiring Treatment.
NERVOUS SYSTEM:—				
Epilepsy	2	3	2	4
Chorea	2	...	7	...
Other Conditions ...	3	13	46	4
DEFORMITIES:—				
Rickets	1	6	...	1
Spinal Curvature ...	1	3	...	...
Other Forms	6	4	...	2
Other Defects and Diseases	100	97	1,495	77

(B) NUMBER OF INDIVIDUAL CHILDREN FOUND AT ROUTINE MEDICAL INSPECTION TO REQUIRE TREATMENT (EXCLUDING UNCLEANLINESS AND DENTAL DISEASES).

Group.	Number of Children.		Percentage of Children found to require treatment.
	Inspected.	Found to require treatment.	
Code Groups:—			
Entrants	583	119	20.4%
Intermediates	388	96	24.7%
Leavers	599	91	15.1%
Total (Code Group) ..	1,570	306	19.4%
Other Routine Inspections ..	64	18	28.1%

Table III. Return of all Exceptional Children in the Area.

—	—	—	Boys.	Girls.	Total.	
BLIND (including partially blind).	(i.) Suitable for training in a School or Class for the totally Blind.	Attending Certified Schools or Classes for the Blind ...	...	1	1
		Attending Public Elementary Schools ...	...	...	...
		At other Institutions ...	...	1	1
		At no School or Institution	2	3	5	
	(ii.) Suitable for training in a School or Class for the partially blind.	Attending Certified Schools or Classes for the Blind ...	.	...	.
		Attending Public Elementary Schools ...	3	...	3	
		At other Institutions ...	...	...	...
		At no School or Institution	...	...	...
DEAF (including deaf and dumb and partially deaf).	(i.) Suitable for training in a School or Class for the totally deaf or deaf and dumb.	Attending Certified Schools or Classes for the Deaf ...	...	...	...
		Attending Public Elementary Schools ...	...	...	...
		At other Institutions ...	...	...	...
		At no School or Institution	...	1	1	
	(ii.) Suitable for training in a School or Class for the partially deaf.	Attending Certified Schools or Classes for the Deaf ...	...	...	...
		Attending Public Elementary Schools ...	4	4	8	
		At other Institutions ...	...	...	...
		At no School or Institution	...	...	...
MENTALLY DEFECTIVE.	Feeble-minded (cases not notifiable to the Local Control Authority).	Attending Certified Schools for Mentally Defective Children ...	38	27	65	
		Attending Public Elementary Schools ...	1	4	5	
		At other Institutions ...	...	...	...
		At no School or Institution	2	1	3	
	Notified to the Local Control Authority during the year.	Feeble-minded ...	...	1	1
		Imbeciles ...	...	2	2
EPILEPTICS.	Suffering from severe epilepsy.	Attending Certified Special Schools for Epileptics ...	1	1	2	
		In Institutions other than Certified Special Schools...	1	...	1	
		Attending Public Elementary Schools ...	...	...	...
		At no School or Institution	2	...	2	
	Suffering from epilepsy which is not severe.	Attending Public Elementary Schools ...	4	5	9	
		At no School or Institution	.	...	...

PHYSICALLY DEFECTIVE.

			Boys.	Girls.	Total.
PHYSICALLY DEFECTIVE.	Infectious pulmonary and glandular Tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	3	...	3
		At other Institutions ... ..	...	...	...
		At no School or Institution ... ..	...	1	1
	Non-infectious but active pulmonary and glandular tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board ... ..	...	...	...
		At Certified Residential open Air Schools ... ..	...	...	...
		At Certified Day open Air Schools ... ..	...	...	...
		At Public Elementary Schools	14	7	21
		At other Institutions ... ..	...	...	...
		At no School or Institution	8	6	14
	Delicate children (e.g., pre-or latent tuberculosis, malnutrition, debility, anaemia, etc).	At Certified Residential Open Air Schools ... ..	...	...	...
		At Certified Day Open Air Schools ... ..	...	...	...
		At Public Elementary Schools	18	19	37
		At other Institutions ... ..	...	...	...
		At no School or Institution ... ..	...	2	2
	Active non-pulmonary tuberculosis.	At Sanatoria or Hospitals approved by the Ministry of Health or the Board ... ..	...	...	...
		At Public Elementary Schools	2	1	3
		At other Institutions	1	...	1
		At no School or Institution	1	1	2
	Crippled Children (other than those with active tuberculous disease), e.g., children suffering from paralysis, etc., and including those with severe heart disease.	At Certified Hospital Schools ... ..	...	...	...
		At Certified Residential Cripple Schools	1	1	2
		At Certified Day Cripple Schools ... ..	...	...	...
		At Public Elementary Schools	23	18	41
		At other Institutions ... ..	...	...	...
		At no School or Institution	3	2	5

Table IV. Return of Defects Treated during the Year ended 31st December, 1926.

TREATMENT TABLE.

GROUP I. MINOR AILMENTS (EXCLUDING UNCLEANLINESS, FOR WHICH SEE GROUP V.).

DISEASE OR DEFECT.	NUMBER OF DEFECTS TREATED, OR UNDER TREATMENT DURING THE YEAR.		
	Under the Authority's Scheme.	Otherwise.	Total.
SKIN:—			
Ringworm, Scalp	11	...	11
Ringworm, Body	19	...	19
Scabies	5	...	5
Impetigo	346	...	346
Other Skin Diseases	196	2	198
MINOR EYE DEFECTS (External and other, but excluding cases falling in Group II.)	269	1	270
MINOR EAR DEFECTS	58	...	58
MISCELLANEOUS (e.g., minor injuries, bruises, sores, chilblains, etc.).	1,378	1	1,379
TOTALS	2,282	4	2,286

GROUP II. DEFECTIVE VISION AND SQUINT (EXCLUDING MINOR EYE DEFECTS TREATED AS MINOR AILMENTS.—GROUP I.).

DEFECT OR DISEASE.	NUMBER OF DEFECTS DEALT WITH.			
	Under the Authority's Scheme.	Submitted to refraction by private practitioner or at hospital apart from the Authority's Scheme.	Otherwise.	Total.
ERRORS OF REFRACTION (Including Squint).	232	5	2	239
OTHER DEFECT OR DISEASE OF THE EYES (Excluding those recorded in Group I.)	1	...	...	1
TOTAL	233	5	2	240

Table IV.—(*Continued*).

Total number of Children for whom spectacles were prescribed : —

(a)	Under the Authority's Scheme	...	...	161
(b)	Otherwise	...	...	7

Total number of Children who obtained or received spectacles :—

(a)	Under the Authority's Scheme	...	...	128
(b)	Otherwise	...	...	7

GROUP III. TREATMENT OF DEFECTS OF NOSE AND THROAT.

NUMBER OF DEFECTS.				
RECEIVED OPERATIVE TREATMENT.				
Under the Authority's Scheme, in Clinic or Hospital.	By Private Practitioner or Hospital apart from the Authority's Scheme.	Total.	Received other forms of Treatment.	Total No. Treated.
62	3	65	148	213

GROUP IV.—DENTAL DEFECTS.

(1) Number of Children who were :—

(a) Inspected by the Dentist :

		Aged.		
Routine Age Groups	{	5	...	848
		6	...	1,237
		7	...	700
		8	...	810
		9	...	857
		10	...	999
		11	...	1,116
		12	...	1,130
		13	...	1,106
		14	...	266
Specials		...	...	...
			Total	9,069
			Grand Total	10,456

(b) Found to require treatment 6,807

(c) Actually treated 2,069

(d) Re-treated during year as the result of periodical examination 98

(2) Half-days devoted to Inspection 714 Treatment 403 Total ... 474

(3) Attendances made by the Children for treatment 3,425

(4) Fillings	{ Permanent teeth 1,147 Temporary teeth 750 }	Total ...	1,897
(5) Extractions	{ Permanent teeth 182 Temporary teeth 3,444 }	Total ...	3,626
(6) Administration of general anesthetics for extractions		...	177
(7) Other Operations	{ Permanent teeth 205 Temporary teeth 9 }	Total ...	214

REPORT OF PUBLIC HEALTH LABORATORY WORK, 1926.

The work continues to be carried out most satisfactorily in the well equipped laboratory of the Royal East Sussex Hospital.

SOURCE OF SPECIMENS.	NATURE OF SPECIMENS.	NUMBER.	RESULT.
A. General Practitioners & Borough Sanatorium.	Sputum for Tubercle Bacilli ...	260	25 Positive.
	Throat Swabs for Diphtheria	196	7 „
	Widal Examination for Typhoid ...	16	5 „
	Miscellaneous. ...	207	
B. School Medical Service.	Throat Swabs for Diphtheria	54	Nil Positive.
C. Tuberculosis Dispensary.	Sputum for Tubercle Bacilli ...	145	18 Positive.
	Urine for Tubercle Bacilli	2	Nil „
	Faeces for Dysentery ...	3	Negative.
	Total Specimens examined	883	

DIPHTHERIA ANTI-TOXIN.—Supplies are kept at the Health Department and at Police Stations, and issued on request to the medical practitioners of the town.

GENERAL SANITARY ADMINISTRATION.

1) LOCAL ACTS AND ORDERS, BYE-LAWS, ADOPTIVE ACTS.

The following list has been brought up to date :

(a) LOCAL ACTS AND ORDERS.

Certain Sections of Hastings Paving Act, 1832 (2 Wm. iv., ch. xci.)

Hastings Improvement Act, 1885 (48 and 49 Vic. ch. cxcvi.) as amended, etc., by Hastings Corporation Act, 1900, and Hastings Corporation (Water and Finance) Act, 1911.

The Hastings Corporation Act, 1900 (63 and 64 Vic. cap. cclxvi.) as amended by Hastings Corporation (Water and Finance) Act, 1911 (1 and 2 Geo. V. cap. xxxiv.)

The Hastings Corporation (Water and Finance) Act, 1911.

The Hastings Corporation Act, 1921.

(b) BYE-LAWS.

Cleansing of Footways and Pavements and Common Lodging Houses.

As to nuisances in connection with the removal of offensive or noxious matters.

Good Rule and Government (Spitting in Public Carriages, etc.)

Slaughterhouses.

Prevention of nuisances arising from filth, dust, ashes and rubbish, and for the prevention of the keeping of animals so as to be injurious to health.

Tents, vans, sheds, etc., used for human habitation.

New Streets and Buildings.

(c) ADOPTIVE ACTS IN FORCE IN THE BOROUGH.

The Public Health Acts (Amendment) Act, 1890 (53 and 54 Vic. ch. lix.) The whole Act came into operation on 5th May, 1891.

The Infectious Disease Notification Act, 1889 (52 and 53 Vic. cap. lxxi.) came into operation on 7th July, 1891.

The Infectious Disease (Prevention) Act, 1890 (53 and 54 Vic. ch. xxxiv.) The whole of the Act came into operation on the 10th July, 1891.

Certain Sections of the Public Health Acts (Amendment) Act, 1907, under Orders made by the Home Secretary on the 11th January, 1909, and the Local Government Board on the 11th September, 1909.

There are no bye-laws for dealing with houses let in lodgings. The Hastings Corporation Act of 1921 gives new and valuable powers with regard to existing and proposed offensive trades and their discontinuance, and also in connection with the acquisition and closure of private slaughter-houses.

There are no regulations with regard to underground sleeping rooms, as defined by section 18 (1) of the Housing Act, 1925.

(2) WATER SUPPLY.

The water supply remains as described in previous reports, the main source being 8 deep wells in the Ashdown Sand, with the supplemental supplies from the Brede River and the reservoirs in the Alexandra Park.

In 1926, for reasons fully set out in previous annual health reports, application was made to Parliament for powers to exploit a certain area in the chalk, between Eastbourne and Brighton. As a result of the powerful opposition of neighbouring authorities this Bill was thrown out in the Committee stage, mainly on the ground that water-bearing areas, close to the present sources of supply near Brede, had not been tapped.

Meanwhile the present supply remains inadequate to meet the full pressure of the summer season, while the accessory supplies must be chlorinated under constant supervision, with numerous bacteriological analyses. The two new Sedlescombe wells have not yet been taken into the general supply.

The successful solution of the water difficulty to meet present and future needs is one of the most pressing public health problems before the Corporation.

(3) DRAINAGE AND SEWERAGE.

House drainage throughout the Borough is consistently good, a considerable amount of new drainage work being carried out each year under the supervision of the Sanitary Inspectors.

The sewerage of the Borough is under the control of the Borough Engineer. As a result of the passage of time some of the sewers have nearly reached their limit of usefulness, and attention will have to be given in the near future to the question of re-sewering certain parts of the town, notably the Ore Valley.

Cesspools are still necessary in the remoter unsewered districts, but it is pleasing to note that 5 cesspools were abolished in 1926, leaving about 15 still in use.

Near the boundary between Hastings and the Rural District, by common agreement between the two Authorities, the owner of a new house in one district utilises the sewer of the other district, if no sewer be available in his own district.

(4) SCAVENGING.

The arrangements for collection and disposal of house and trade refuse are in the hands of the Borough Engineer, the whole system being in process of revision.

The new destructor at Rock-a-Nore, completed in 1926, will be further improved this year, and will, it is hoped, deal with all the refuse of the town, thus obviating (a) the most undesirable habit of dumping refuse in the sea, and (b) the use of several tips in outlying areas of the town.

The question of a more frequent removal of house refuse is now before the Health Committee.

The present practice is once weekly, except in special instances, for example shops, restaurants, boarding-houses, and hotels, where during the busiest summer months more frequent removal is undertaken. Personally I should like this more frequent removal to be extended to the smaller lodging-houses and the flat districts at least, for there refuse accumulates more quickly, owing to lack of facilities for burning, and, as will be readily understood, soon becomes offensive and a dangerous nuisance in the heat of summer. During the year 328 galvanised dustbins have been provided, mainly to replace unsatisfactory ash-pits.

(5) SANITARY INSPECTION OF DISTRICT.**(a) SANITARY INSPECTORS' SUMMARY FOR 1926.**

	Eastern District.	Western District.	Northern District.	Central District.	Total.
1. Visits of inspection to drainage works in progress	144	70	171	203	588
2. Visits of inspection to works in connection with notices	462	121	259	456	1298
3. Visits to outworkers' premises ... ..	...	...	4	13	17
4. Inspection of bakehouses	77	15	19	87	198
5. " " slaughterhouses	190	134	1805	443	2572
6. " " dairies, cowsheds and milk shops... ..	8	20	105	120	253
7. Enquiries respecting Infectious Diseases, etc.	103	35	28	41	207
8. Drain tests applied	75	36	56	81	248
9. Houses and premises provided with new water-tight drains, properly intercepted and ventilated	7	8	36	9	60
10. Cesspools emptied and cleansed	3	...	4	...	7
11. Cesspools abolished	3	...	2	...	5
12. Drains cleared and amended	57	13	46	113	229
13. New iron and lead soil and ventilating pipes fixed	14	8	39	14	75
14. New closets fixed	15	12	41	37	105
15. Closets amended	17	21	12	91	141
16. New flushing boxes provided, necessary storage cisterns being fixed where required	20	17	37	63	137
17. Flushing boxes repaired	20	7	29	17	73
18. Glazed stoneware sinks fixed, fitted with proper wastepipes and trapped where necessary	6	9	53	27	95
19. Yards repaved	17	14	51	63	145
20. Sanitary ashbins provided	60	65	68	135	328
21. Accumulations of manure and other refuse removed	45	14	25	87	171
22. Rooms, etc., cleansed and whitewashed	132	96	227	237	692
23. Nuisances abated from animals improperly kept	4	1	...	5	10
24. Nuisances abated from chimneys sending forth black smoke	2	1	1	10	14
25. Nuisances abated from overcrowding	1	...	6	3	10
26. Miscellaneous repairs	81	30	198	301	610
27. New W.C.'s erected	3	...	3	7	13
28. New urinals constructed	2	...	...	3	5
29. Inspection of premises where food is exposed for sale	604	466	426	1280	2776

(b) General Summary.

Inspection and Re-inspection of premises visits	...	9,151
Houses and Premises inspected	... ..	5,277
Complaints investigated	... ..	621
Complaints investigated under Rats and Mice (Destruction) Act	... ..	123

The great majority of nuisances are dealt with by the Inspectors interviewing the owners or agents without service of written notices.

PRELIMINARY NOTICES.

Number of Notices served during the year 1926	... ..	136
" " " complied with during the year 1926	...	421
" " " not complied with during the year 1926	... ..	7
" " " reported to the Public Health Com- mittee during the year 1926...	...	17
" " " served during the year 1926 which are still receiving attention	... ..	1
" " " served during the year 1926 which were partly complied with	... ..	7

OTHER NOTICES.

Legal Notices served by Town Clerk	... ..	35
Premises inspected under Increase of Rent and Mortgage Interest (Restrictions) Acts, 1920 and 1923	... ..	25
Certificates granted	do. do.	24

MILK AND DAIRIES (AMENDMENT) ACT, 1922.

Number of Preliminary Notices served during 1926	...	2
--	-----	---

(6) INSPECTION AND SUPERVISION OF FOOD.**(a) Milk Supply of District.**

Retail Purveyors of Milk on Register, 1926	... ..	100
Wholesale Traders or Producers, 1926	... ..	21
Purveyors of Certified or Grade (A) Milk, 1926	... ..	2

The introduction, in October 1926, of the New Milk and Dairies Order was the most important event of the year. With the consent of the Health Committee the co-operation of the Dairymen's

Association was sought, copies of the new Order were supplied, with explanations, to all dairymen, and the Medical Officer of Health attended a general meeting of wholesale and retail dairymen and dairy farmers to discuss difficulties. As a result, I believe that the dairymen of the district, both producers and retailers, have a reasonably good grasp of the rather long and involved Order. The general hygiene of the dairy premises is gradually improving, while, in pursuance of the Order, radical improvements in premises have been or are being made in several instances.

The small general shop, with milk-selling as a side line, has disappeared except in a few instances, also the roundsman without a dairy, who was often in the habit of keeping his spare or surplus milk in his lobby or kitchen.

A commencement was made in the autumn with bacteriological analyses of milk (*a*) for tubercle bacilli (*b*) for dirt organisms. Positive tuberculous specimens will be followed up at the farm by inspections by the Veterinary Officer appointed under the Tuberculosis Order, working here under the Milk and Dairies Act of 1915. So far one sample has yielded a positive result bacteriologically, although the subsequent inspection of the herd by the veterinary inspector was negative. Unsatisfactory dirt examinations are being followed up by action under the Milk and Dairies Order and, by further examinations and analyses under the Food and Drugs Acts if necessary.

All cow-sheds and dairy farms within the district are inspected regularly. The general standard, both as regards hygiene of methods and buildings, is fair and capable of considerable improvement, for which we hope the new Order will in due course be a powerful and valuable lever.

The general results of the analysis of milk for fats and solids non-fat are satisfactory, being on an average reasonably above the legal minimum.

(*b*) **Meat.**

All the slaughter-houses are privately owned, three being used only for slaughtering pigs, and one licensed for the slaughtering of horses.

	In 1920.	In Dec. 1926.
Registered Slaughter-houses ...	16 ...	13
Licensed „ ...	1 ...	1
Total ...	20	17

One small registered slaughter-house of an inferior type on the boundary line of the town has disappeared during the year.

The humane-slaughtering bye-laws continue to work smoothly, the R.S.P.C.A. keeping the sanitary inspectors supplied with spare pistols, but not ammunition, for emergency use.

The Public Health (Meat) Regulations, 1924, have worked smoothly as regards notification of intention to slaughter, emergency slaughtering, notification of carcasses or parts of carcasses apparently diseased, etc. The number of visits to slaughter-houses has increased considerably, having almost trebled during the past three years.

As regards retailers the results of the regulations may not be so apparent, but progress here has also been obtained in several directions, as fully set out in last year's report. Mention might be made of the adoption of the modern type of refrigerator in several instances, a most desirable improvement from every point of view.

During 1926 no less than 88 cows were slaughtered at the knacker's establishment within the Borough under the Tuberculosis Order of 1925, the majority coming from the milk producing districts of East Sussex and Kent, two from dairy farms within the Borough.

TUBERCULOUS MEAT CONDEMNED IN 1926.

Whole Carcasses.

<i>Beasts.</i>	<i>Pigs.</i>
11	5

Portions of Carcasses.

BEEF.

<i>Forequarters.</i>	<i>Internal Organs.</i>	<i>Lungs.</i>	<i>Ox Heads and Ox Tongues.</i>
7	1 sets.	38 sets.	11

3 stones.

<i>Ox Livers.</i>	<i>Suet.</i>	<i>Sweetbreads.</i>
15	6 stones.	1
<i>Pigs Heads.</i>		
17		

MEAT (OTHER THAN TUBERCULOUS) CONDEMNED IN 1926.

Whole Carcasses.

<i>Heifers.</i>	<i>Calves.</i>	<i>Pigs.</i>	<i>Sheep.</i>	<i>Lambs.</i>
1	2	2	32	8

Portions of Carcasses.

<i>Beef.</i>	<i>Mutton.</i>	<i>Tripe.</i>	<i>Ox Heads.</i>
265 stones	1 stone	50 lbs.	2
4 $\frac{3}{4}$ lbs.	3 lbs.		

<i>Livers.</i>	<i>Kidneys.</i>	<i>Suet.</i>	<i>Ox Tongues.</i>
Ox 185	Ox 1	13 stones.	3 tins.
Pigs 59	Pigs 1	6 lbs.	3
Sheep 37			
Lamb 1			
Calf 1			

Sausage Casings.

14 lbs.

Bacon.

1 cwt. 3 qrs. 9 lbs.

Lungs.

Sheep 4 sets.
 Ox 4 „
 Pig 1 set.

(c) Other Foods.

Considerable attention is paid to premises where food is manufactured, prepared, stored or exposed for sale, 2,776 visits being so paid in 1926 with 498 visits of inspection to bake-houses. Here again it may be said that the general standard of hygiene is slowly rising. In the interests of the public, however, more attention should be paid to the adoption of methods whereby food, exposed for sale, need not also be equally exposed to dust and the attentions of flies, especially such food stuffs as sweets and cakes, as are eaten without further cooking or cleansing.

Special attention has again been paid to the older restaurant and hotel kitchens, especially those underground, several improvements having been carried out as a result of the suggestions of this department.

Sundry Food Stuffs Condemned, 1926.

119 Eggs.

8 Cases Tinned Milk.

12 „ „ Meats.

10 „ „ Fruits.

21	Tins	Tomatoes.
588	"	Meat Paste.
13	"	Spiced Beef.
2,760	Soup	Squares.
216	Packets	Fruit Jellies.
396	"	Baking Powder and Sponge Mixture.
111	Tins	Egg Powder.
81	Packets	Lemonade Powder.
72	"	Cake and Custard Powder.
288	"	Custard Powder.
111	"	Cocoa.
186	Jars	Meat Paste.
216	Tins	Fish Paste.
372	Jars	" "
12	Bottles	Coffee Essence.

Fish Condemned, 1926.

	Cases.	Boxes.	Stones.	lbs.	Barrels.	Kits.	Galls.	Baskets.	Bushels.	Washes.	Quarts.
Coalfish ...	4	...	1	..	...	4	...	...	...	...	...
Mackerel ...	3	3	3	...	...	...	...	...	...	...	...
Herrings ...	1	17	...	...	...	...	...	...	...	...	...
Haddocks ...	1 $\frac{1}{2}$	76	15	...	...	...	...	...	...	...	...
Dabs ...	1	1	2	...	...	...	...	...	...	...	...
Whiting ...	8 $\frac{1}{2}$	...	33	...	...	1	...	...	...	...	...
Mixed Fish ...	3	13	...	...	...	...	...	...	...	...	...
Cod ...	2	7	17	...	...	...	...	...	...	...	...
Crabs ...	...	...	...	24	...	...	...	...	...	...	...
Small Plaice ...	3	...	7	...	...	...	...	...	...	...	...
Kippers ...	...	79	...	...	...	...	...	...	...	...	...
Flounders ...	1	...	...	...	...	1	...	...	...	...	...
Codlings, Smoked ...	...	5	...	...	...	...	...	...	...	...	...
Dog Fish ...	1	...	...	...	1	...	...	...	...	...	...
Chats ...	...	...	...	...	...	1	...	...	...	...	...
Plaice ...	5 $\frac{1}{2}$	1	10	...	...	...	...	...	...	...	...
Witches ...	...	...	1 $\frac{1}{2}$	...	...	...	...	...	...	...	...
Dried Fish ...	...	3	...	...	...	...	...	...	...	...	...
Soles ...	...	...	1 $\frac{1}{2}$	...	...	...	...	...	...	...	...
Halibut ...	...	...	9 $\frac{1}{2}$	...	...	...	...	...	...	...	...
Smoked Whiting ...	...	3	...	...	...	...	...	...	...	...	...
Skate ...	...	...	2	...	...	...	...	...	...	...	...
Chat Haddocks ...	1	...	...	...	...	...	...	...	...	...	...
Hake ...	...	1	...	...	...	...	...	...	...	...	...
Whelks ...	...	...	...	...	...	...	...	...	6 $\frac{1}{2}$	2	...
Fillets ...	91 $\frac{1}{2}$	...	...	...	...	...	...	...	...	...	...
Shrimps ...	...	5	...	...	...	...	11	3	...	...	...
Lemon Soles ...	1	1	6 $\frac{1}{2}$	...	...	...	...	...	...	...	...
Escallops 696	...	...	...	...	...	...	...	...	...	...	...
White But ...	...	...	...	...	...	...	...	...	...	...	3

Total weight of fish condemned, 1,013 stones, 10 lbs.

(d) Sale of Food and Drugs Acts.

During the year 197 samples were taken and submitted to the Borough Analyst. The following are particulars of the samples, results of analysis and of the action taken in certain cases.

MILK:—77 samples taken, 66 genuine, *i.e.*, above the legal standard; 11 adulterated, as follows:

<i>Result of Analysis.</i>	<i>Action Taken.</i>
(a) Adulterated, containing 20 of added water - - -	Informal sample followed up by formal sample (b).
(b) Fat 2.58%; Solids not fat 6.9; Water 91.52; 18.8 of added water - - -	
(c) Coloured with Annatto - - -	Proceedings instituted and vendor fined £10.
(d) Fat 3.53%; Solids not fat 8.81; Annatto colouring matter - - -	
(e) Fat 2.48%; Solids not fat 8.60%; Water 88.92; 17.3% deficient in fat - - -	Vendor cautioned by Public Health Committee.
(f) Fat 2.75%; Solids not fat 8.50%; Water 88.75; 8.3% deficient in fat - - -	
(g) Fat 3.38%; Solids not fat 7.74%; Contained 9 added water - - -	Vendor cautioned by Public Health Committee.
(h) Fat 3.76%; Solids not fat 7.81%; Contained at least 8.1 of added water - - -	
(i) Fat 4.26%; Solids not fat 8.02%; Water 87.72; Contained 5.6% of added water - - -	Informal sample followed up by formal samples. Producers cautioned by Public Health Committee.
(j) Fat 4.31%; Solids not fat 8.15%; Water 87.54; Contained 4.3 of added water - - -	
(k) Fat 2.8%; Solids not fat 8.58%; Water 88.62; deficient in fat 6.7 - - -	do. do.

The following 11 samples were not genuine.

- (a) Hyd-c-creta:—3. Containing Sugar. No action considered necessary.
 (b) Margarine:—1. Water 16.3. Boric Acid .58. Followed up.
 (c) Apples:—7. Containing Arsenic in non toxic amounts.—
 Vendors warned informally.

The following 109 samples were all genuine: Butter, 17; Margarine, 8; Cream, 3; Preserved Cream, 2. (Also purchased under Milk and Cream Regulations 1912-17): Condensed Milk, 1. (Also purchased under the Condensed Milk Regulations): Cheese, 1; Lard, 12; Apples, 20; Madeira Cake, 1; Liquid Egg, 1; Meat Pie, 1; Lobster Paste, 1; Sago, 1; Rissole, 1; Pepper, 1; Cream Cheese, 1; Baking Powder, 3; Bramble Jelly, 1; Custard Powder, 3; Lemonade Powder, 1; Honey, 1; Cakeoma, 1; Lemonade Crystals, 1; Jelly, 1; Sponge Roll, 2; Rice, 6; Ground Rice, 1; Coffee, 1; Chicory, 1; Sponge Cake, 1; Drugs, 5; Sponge Mixture, 1; Preserved Fruit, 3; Sweets, 5; Arrowroot, 2; Meat and Fish Pastes, 5.

(1) Public Health (Milk and Cream) Regulations, 1912 & 1917.

1. Milk; and Cream not sold as Preserved Cream.

	(a) Number of samples examined for the presence of a pre- servative	(b) Number in which preservative was reported to be present, and percentage of preservative found in each sample.
Milk ...	77	Nil
Cream	3	Nil

Nature of preservative in each case in column (b) and action taken under the Regulations in regard to it. Nil.

2. Cream sold as preserved cream.

(a) Instances in which samples have been submitted for analysis to ascertain if the statements on the label as to preservatives were correct.

(i) Correct statements made 2
(ii) Statements incorrect Nil.

Total 2

(iii) Percentage of preservative found in each sample.	Percentage stated on statutory label.
·3%, ·33%.	·1%.

(b) Determinations made of milk fat in cream sold as preserved cream.

(i) Above 35 per cent.	2
(ii) Below 35 per cent.	Nil.
Total	2

(c) Instances where (apart from analysis) the requirements as to labelling or declaration of preserved cream in Article V. (1) and the proviso in V. (2) of the regulations have not been observed. Nil.

(d) Particulars of each case in which the Regulations have not been complied with, and action taken. None.

3. Thickening substances. Any evidence of their addition to cream or preserved cream. Action taken where found. Nil found.

(7) FACTORIES, WORKSHOPS, WORKPLACES, SHOPS ACTS.

1—Inspection of Factories, Workshops and Workplaces.

Premises.	Number of		
	Inspections.	Written Notices.	Prosecutions.
Factories (Including Factory Laundries)	99	7	...
Workshops (Including Workshop Laundries)	289	14	..
Workplaces (Other than Out Workers' Premises included in Part 3 of this Report) ..	1644	21	..
Total	2032	42	..

2 Defects found in Factories, Workshops and Workplaces.

Particulars.		Found.	Remedied.	Referred to H.M. Inspector.	Number of Prosecutions.
<i>Nuisances under the Public Health Acts: *</i>					
Want of Cleanliness		109	107	...	..
Want of Ventilation		1	1	...	..
Overcrowding .. ..		...	...	...	..
Want of drainage of floors .. ..		...	...	...	..
Other Nuisances		79	77	...	...
Sanitary accommo- dation	{ insufficient	2	2	...	..
	{ unsuitable or defective .. ..	..	...	...	..
	{ not separate for sexes	7	7	...	...
<i>Offences under the Factory and Workshop Act:</i>					
Illegal occupation of underground bakehouse (S. 101) .. ..		...	...	...	...
Breach of special sanitary requirements for bakehouses (SS. 97 to 100) .. ..		...	...	...	...
Other offences (Excluding offences relating to outwork which are included in Part 3 of this Report) .. ..		...	..	..	..
Total		198	194	..	...

* Including those specified in Sections 2, 3, 7, and 8, of the Factory and Workshops Act as remediable under the Public Health Acts.

3—Home Work.

28 lists were sent in, with 19 contractors and 10 workmen.

Class.	Number.
4.—REGISTERED WORKSHOPS.	
Workshops on the register (S. 131) at the end of year.	379
5.—OTHER MATTERS.	
Matters notified to H.M. Inspector of Factories:	
Failure to affix Abstract of the Factory and Workshop Act (S. 133, 1901)	Nil
Action taken in matters referred by H.M. Inspector as remediable under the Public Health Acts, but not under the Factory and Workshop Acts (S. 5, 1901)	2
Notified by H.M. Inspector	2
Reports (of action taken) sent to H.M. Inspector	1
Other .. ..	..
Underground Bakehouses (S. 101):	
Certificates granted during the year	Nil
In use at the end of the year	29

4- Shops Act.

The Inspectors carried out the duties required, a large number of visits being made to various types of shops.

(8) DISINFECTING & CLEANSING STATION. AMBULANCE WORK. HOUSE, ETC., DISINFECTION.

(a) Disinfecting Station – Summary of Articles Disinfected.

	Private Houses.	Public Institutions, Hospitals, Homes	Upholsterers, Private Firms.	From other Sources.
Mattresses. ...	480	1,178	139	23
Blankets	743	1,863	41	20
Pillows	1,020	3,724	158	Nil.
Other Articles . .	2,437	929	289	Nil.
Clothing	509	53	Nil.	Nil.
Total.	5,189	7,747	627	43

(b) Cleansing Station.

	Numbers bathed for			Sets of Clothing Disinfected.
	Scabies.	Vermm.	Other Causes.	
Adults	4	Nil.	Nil.	4
School Children ..	24	14	267	305
Children under School Age .	Nil.	Nil.	Nil.	Nil.
Total... ..	28	14	267	309

(c) Premises Disinfected.

Dwelling Rooms.	Hospital Wards.	School Rooms.	Offices, Shops.	Cells.	*Miscellaneous. Name if necessary.
703	43	Nil.	Nil.	6	1 Taxi.

*To be included also under "Other Articles" (a).

(d) Any other work.

Dealing with condemned fish at the Fishmarket.

(e) Ambulance and Disinfecting Van.

1.	Number of Journeys removal of patients	...	200
2.	Number of Journeys removal of bedding	...	1,963
3.	Number of Journeys disinfection of houses	...	713
4.	Mileage		
	(a) Ambulance	... ..	1,910
	(b) Disinfecting Van	... ..	11,191

(9) REPORT OF INSPECTOR OF COMMON LODGING HOUSES FOR 1926.

The registered Common Lodging Houses in the Borough are visited from time to time and are kept in a cleanly condition. The houses are swept daily, and cleansed thoroughly twice each year, the bedding being cleansed and renewed as required. A good standard of health is maintained and no cases of infectious diseases have been notified. The houses are well conducted by the keepers.

(10) HOUSING.

This subject was very fully considered in the survey report for 1925, as also in the reports for 1923 and 1924. Consequently it is not necessary to do more in this report than summarise the present situation.

During 1926 the Corporation has continued to show considerable activity in providing new houses. The group of 50 steel houses on the Broomgrove estate has been completed, also the 18 flats at Hardwicke Road to rehouse tenants from the congested area in the Old Town. A start has been made with a further scheme of 50 houses at Fairlight on an excellent site.

Altogether the Corporation will have provided 132 houses under the various schemes, a not inconsiderable contribution to the post-war housing problem. At the same time, when one considers the number of worn out or nearly worn out houses, of an entirely inadequate standard, still occupied in Ore and Hollington, the admitted congestion of the Old Town, of which the area, represented for treatment, only forms a fraction,

the large number of basement dwellers, living many of them in damp, ill-lit and unventilated rooms, the contribution is by no means too large, and no doubt it will be necessary in the near future to consider additional schemes. In passing, however, it may be well to emphasise one difficulty the poorest type of houses, with their low rent, attracting a class of tenant quite unable to pay the rent of a council house, and also of a type apparently difficult to uplift. It is with this class that the sanitary inspector has most to contend, holding the scales evenly against the owner of the property and the careless tenant.

As regards overcrowding and deserving tenants living in overcrowded or unhygienic houses we have had many complaints, which after investigation have been forwarded to the appropriate committee, with the result that some of the applicants have been allotted a vacant Council house.

As regards the Congested Area in the Old Town, the building scheme to rehouse part of the tenants has been completed, and part of the area has been purchased after negotiation. Until the flats are occupied a start cannot be made with the clearance of the area. A few houses in addition have been closed during the year, but in view of the difficulty of getting alternative accommodation for the occupants it is difficult to make progress in this direction.

HOUSING STATISTICS, 1926.

Number of houses erected during the Year:—

(a) Total	...	...	...	...	...	...	...	233
(b) With state assistance under the Housing Acts :—								
(i) By the Local Authority	..	...	...					100
(ii) By other bodies or persons	...	...	...					30

Unfit Dwelling Houses.

I. INSPECTION.

1. Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts)	...	...	...	...	...	...	...	741
2. Number of dwelling-houses which were inspected and recorded under the (Housing Inspection of District) Regulations, 1910	...	...	...					182
3. Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	..	...	...					5
4. Number of dwelling-houses (exclusive of those referred to under the preceding sub-heading) found not to be in all respects reasonably fit for human habitation	..	..	...	...	...	..		486

II. REMEDY OF DEFECTS WITHOUT SERVICE OF FORMAL NOTICES.

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers				446
---	-----	-----	-----	-----	--	--	--	-----

III. ACTION UNDER STATUTORY POWERS.

A. Proceedings under Section 3 of the Housing Act, 1925 :—

1. Number of dwelling-houses in respect of which notices were served requiring repairs	...							21
--	-----	--	--	--	--	--	--	----

2. Number of dwelling-houses which were rendered fit :—

(a) by owners	...	...	...	...	21
(b) by Local Authority in default of owners	...	...	...	...	Nil.

B. Proceedings under Public Health Acts :—

1. Number of dwelling-houses in respect of which Closing Orders became operative in pursuance of declarations by owners of intention to close	...	...	...	...	...	Nil.
2. Number of dwelling-houses in which defects were remedied :—						
(a) by owners	...	...	...	...	34	
(b) by Local Authority in default of owners	...	...	...	...	Nil.	
3. Number of dwelling-houses in respect of which notices were served requiring defects to be remedied	...	...	...	...	...	34

C. Proceedings under Section 11, 14, and 15 of the Housing Act, 1925 :—

1. Number of representations made with a view to the making of Closing Orders	...	...	6
2. Number of dwelling-houses in respect of which Closing Orders were made	...	...	6
3. Number of dwelling-houses in respect of which Closing Orders were determined, the dwelling-houses having been rendered fit	...	1	
4. Number of dwelling-houses in respect of which Demolition Orders were made	...	...	2
5. Number of dwelling-houses demolished in pursuance of Demolition Orders	...	...	2

METEOROLOGY.

I am much obliged to Mr. W. Ruskin Butterfield, Meteorologist for the Borough, for the following notes with regard to weather conditions in Hastings in 1926.

(1) Bright Sunshine.—The total amount of bright sunshine registered at Hastings during 1926 was 1588·5 hours, yielding a daily average of 4·35 hours, and being 36% of the total possible amount. August was the sunniest month, with a total of 216·6 hours. Neighbouring towns to the East, North, and West of the town, namely Folkestone, Tunbridge Wells, and Eastbourne had total amounts respectively of 1597·8 hours, 1458·3 hours, and 1659·1 hours. The mean total amount for the whole of South-East England was 1492·8 hours. For comparison the mean total amounts in the other English districts may be given. South-West England had a mean total of 1419·1 hours, East England 1416·2 hours, North-East England 1401·6 hours, and North-West England 1372·4 hours.

(2) Rainfall.—Precipitation for the year reached a total of 33·53 ins., being 5·16 ins. above the normal. Folkestone had a total rainfall of 27·59 ins., Tunbridge Wells 29·84 ins., and Eastbourne 31·97 ins. The average total amount for the whole of South-East England was 28·59 ins. Snow fell at Hastings on 4 days only in the year, hail on 13 days, and there were 16 thunderstorms.

(3) Temperatures.—The mean daily maximum shade temperature for the year was 56·4 F., the normal for the town being 55·1. The mean daily minimum shade temperature was 45·9 (normal 44·5). During the year the temperature never rose above 82° nor sank below 21°. The absolute minimum for the year at Folkestone was 19, at Tunbridge Wells 17, and at Eastbourne 21. Ground frosts occurred on 47 nights, against 108 at Tunbridge Wells. The mean temperature at Hastings at 9 a.m. was 51·7 F., and at 9 p.m. 49·2.

(4) Winds. As usual westerly winds predominated during the year. East winds were registered on only 23 days, and north winds on 36 days. Light breezes were by far the most prevalent, and few gales were recorded.

APPENDIX.

(1) STAFF OF THE HEALTH DEPARTMENT, 1926.

NAME OF OFFICERS.	OFFICES HELD
*G. R. BRUCE, M.A., M.D., D.P.H. ...	Medical Officer of Health; School Medical Officer; Tuberculosis Officer; Superintendent Medical Officer, Borough Sanatorium.
*O. POLHILL TURNER, M.R.C.S., L.R.C.P., D.P.H., ETC.	Deputy Medical Officer of Health; Deputy School Medical Officer.
*A. H. H. HUCKLE, M.R.C.S., L.R.C.P., D.P.H., ETC.	Medical Officer, Borough Sanatorium; Bacteriologist; Medical Officer, Venereal Diseases Clinic. (Part time).
*W. D. PENFOLD, L.D.S., R.C.S.ENG.	School Dentist.
G. M. NORMAN, F.I.C., A.R.C.S., F.C.S.	Borough Analyst.
R. WILSON KING, (a) ...	Sanitary Inspectors; also Inspectors under Shops Acts, Sale of Food and Drugs Acts, Housing Acts, Rats and Mice (Destruction) Acts, etc., etc.
E. H. ANDREWS, (a) ...	
E. W. JONES, (a) (b) ...	
H. F. VENESS, (c) (b) ...	
*Miss S. A. MYERS, (d) (e) ...	Health Visitor, Tuberculosis; Inspector of Midwives.
*Miss L. ANDREW, (d) (e) ...	Health Visitor, and School Nurse.
*Miss T. HARRIS, (a) (d) (e) (f) ...	do. do.
*Mrs. A. ESHELBY, (d) ...	do. do.
*Miss E. PARKHOUSE, (d) ...	School Nurse, Clinics.
Miss G. HICKSON, (a) (d) (e) (f) ...	Health Visitor, and School Nurse.
Miss F. POLLARD, (d) (g) ...	Matron, Borough Sanatorium.
*C. L. WHEATLEY ...	Chief Clerk.
*Miss H. E. CHESHIRE ...	Clerk, Maternity and Child Welfare. Tuberculosis.
H. R. H. ASHLEY ...	Clerk, Sanitary Inspector's Office.
H. A. J. BISSENDEN ...	Clerk, General Office.
*Miss G. M. A. BARKER ...	Senior Clerk, School Medical Service.
*Miss O. M. BARRON ...	Clerk, do. do.
*Miss D. G. COOTE ...	do. do. do.
*Miss G. R. JOHNS ...	Clerk, School Dentist.

*Salary contribution under Public Health Acts or by Exchequer Grants.

- (a) Certificate, Royal Sanitary Institute. Inspector of Nuisances.
- (b) do. do. Inspector of Meat and other Foods.
- (c) do. Royal Institute of Public Health. Inspector of Nuisances.
- (d) Fully trained General Nurse.
- (e) Certificate of Central Midwives Board. (C.M.B.)
- (f) Certificate, Maternity and Child Welfare Worker.
- (g) Certificate, Fever Training.

(2) SUMMARY OF PROVISION OF HEALTH SERVICES.

(a) Hospitals Provided or Subsidised by Local Authority.

- (1) TUBERCULOSIS (A) Darvell Hall Sanatorium, Roberts-bridge, about 10 miles distant, 30 beds leased from East Sussex County Council for Pulmonary Tuberculosis.
(B) Royal East Sussex Hospital 4 beds subsidised for Surgical Tuberculosis.
- (2) MATERNITY.—Fernbank Maternity Home, administered by District Nursing Association. Municipal cases admitted on repayment of fees.
- (3) CHILDREN.—Special Children's Ward, Union Infirmary, Frederick Road.
- (4) FEVER.—Borough Sanatorium, Frederick Road, Hastings.
- (5) SMALL POX.—Hospital at Biede about 6 miles distant.

Further information, as required, is given in the report under each heading.

(b) Institutional Provision for Unmarried Mothers' Illegitimate Infants and Homeless Children.

- (1) Union Infirmary, Frederick Road.
- (2) Bell Hostel, Eastbourne, subsidised as required.

(c) Ambulance Facilities.

- (1) INFECTIOUS CASES.—(A) Motor Ambulance for ordinary fever cases.
(B) Special Ambulance body for small-pox cases.
- (2) NON-INFECTIOUS AND ACCIDENT CASES.—Two Motor Ambulances belonging to the St. John's Ambulance Association.

(d) Clinics and Treatment Centres.

(1) MATERNITY AND CHILD WELFARE CENTRES.

5 Child Welfare Centres, 2 Ante-natal Centres under the auspices of a Voluntary Society, the Service of Help for Motherhood and Infancy, subsidised by the Local Authority.

(2) DAY NURSERIES.

None established.

(3) SCHOOL CLINICS.

Two provided by Local Authority, Halton and Park View. Each in addition contains a dental clinic and provides rooms for one of the Infant Welfare Centres mentioned above and also an Ante-natal Centre.

(4) TUBERCULOSIS.

Clinic established in Out-Patient Department, Royal East Sussex Hospital.

(5) VENEREAL DISEASES.

Clinic in separate building, Royal East Sussex Hospital, provided by Hospital by arrangement with Corporation.

Full details as to the above Centres and Clinics are given in the report under each heading.

(e) Professional Nursing in the Home.

(1) GENERAL.

The Hastings and St. Leonards District Nursing Association provides a staff of nurses, who visit, as required, the sick poor in any part of the Borough. In addition several of the Parish Churches has a nurse attached. No subsidy is paid by the Corporation in connection with these services.

(2) INFECTIOUS DISEASES, *e.g.*, MEASLES, ETC.

(a) HEALTH VISITORS AND SCHOOL NURSES.

The Health Visitors and School Nurses on the staff of the Health Department visit cases of measles, infantile diarrhoea, ophthalmia neonatorum, whooping cough, influenzal pneumonia and other infectious diseases, and advise generally as to the nursing of the cases or the carrying out of the doctors' instructions.

(b) DISTRICT NURSING ASSOCIATION.

The Corporation subsidises the District Nursing Association, paying an annual retaining fee and a small sum in respect of each visit paid to nurse cases of measles, infantile diarrhoea, ophthalmia neonatorum, etc., in children under five years of age, and also, as a result of the recent regulations, in cases of puerperal pyrexia.

(f) Midwives.

See Section—Maternity and Child Welfare.

